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ORIGINAL LECTURES.

MÜTTER LECTURES.

ON THE HISTOLOGY OF INFLAMMATION.

Delivered before the College of Physicians of Philadelphia, May 8, 9, and 12, 1882.

BY E. O. SHAKESPEARE, M.D.

ABSTRACT OF LECTURES VIII.-X.

INFLAMMATION IN THE BLOODVESSELS.

GENTLEMEN: I next ask your attention to the inner surfaces of the bloodvessels. They present structures which are very similar in many important points to the serous surfaces, and their minute anatomy and pathology should very properly occupy a place in these lectures immediately following that of the serous membranes. You are, of course, so familiar with the normal histology of the bloodvessels that I can very well dispense with a detailed description of them. I wish, however, to impress upon you the fact that, in the larger arteries in particular, the tunica intima, so far as its relation to the vasa vasorum is concerned, is a non-vascular membrane. It contains no bloodvessels. Indeed, the elastic layer of the tunica intima seems to form, in health, almost, if not quite, always an impenetrable barrier both to bloodvessels and to lymphatics. It appears to be a sharp line of division between those structures of the vessel which receive their pabulum from the vasa vasorum, namely, the tunica adventitia and the tunica media on the one hand, and those of the tunica intima, which, on the other hand, are directly supplied from the lumen of the vessel, through the mediation of its juice-canals or lymphatics. The latter pervade the tunica intima as they do other fibrous membranes, and they receive the fluids of the blood, and return their lymph through minute stomata between the endothelia lining the inner surface of the bloodvessel. Others have succeeded in injecting these lymphatics from the lumen of the vessels, and so have I—thus demonstrating a communication with the blood, which, although usually very sluggish, notwithstanding the nearness to the rapidly circulating vital fluid, is nevertheless direct. There are various means of showing the lymphatic radicles of the tunica intima. Perhaps one of the best is the interstitial injection of nitrate of silver, by means of a hypodermic syringe. Figure 11 reproduces very poorly the appearance of the stellate lymph spaces in the intima of an ox treated in that manner. It also indicates another effect of the silver salt thus applied. I refer to the smaller bundles of fibres seen to constitute the larger bundles which, by crossing in various directions, form lymph spaces of the most varied outline, just as they appear elsewhere. The large bundles of fibrous tissue in the inner coat of these vessels often possess the same characters which have been described in other locations. They may be composed of smaller bundles, which are partially enwrapped with very small flat cells closely applied to their surface, and the stellate lymph spaces, and the flat cells which they contain, have the same relations to the larger bundles and to the smaller ones that were pointed out when speaking of the cornea. But in the intima of the vessels the primary bundles may not always be grouped into larger groups. I should say just here that the minute elastic fibres which are usually present in large numbers in the larger arteries, can be proved to be partly covered by small flat cells in a manner identical with that of the primary bundles of fibrillæ.

FIG. 11.

× 400/1

There is, particularly in the larger vessel, a lamellar condition of the tunica interna, which can be demonstrated in various ways. The lamellæ which are parallel with the surface of the wall can be separated more or less easily by use of the sharp-pointed forceps.

But one of the easiest and best methods of showing the thickened lamellar sheets of fibrous and elastic bundles is that of excising a small square of the whole thickness of a large vessel, and placing it upon the freezing microtome with the inner surface up. This surface of course cannot be mathematically level at all points. Consequently in the act of making frozen sections parallel with the surface, at some places the knife passes through the lamellæ slightly obliquely, and in consequence the edges of the extremely thin lamellæ are often turned back. Figure 12 very fairly represents such a section of the human aorta, where *c* and *d* were two lamellæ whose planes were not quite horizontal at this place, but were slightly oblique to the plane of the knife. The knife passed in the direction from *b* to *d*, and turned back the edges of the lamellæ at *a*, at the same time slightly raising up the lamella *d*, and exposing to the action of the silver salt, in which the section was subsequently placed, the adjacent surfaces of these two lamellæ. At *b* the action of the silver marked out the boundaries of endothelial cell-plates which at that place existed in a single layer between the two lamellæ. The aorta from which this section was cut was obtained ten hours after death, and was first treated with solid lunar caustic.

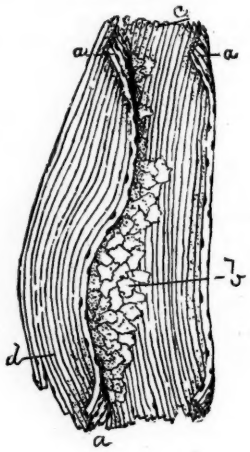
At *a* and at various other points the minute flat cell-plates which have been already referred to as partly enwrapping the primary bundles and the small elastic fibres are quite distinct.

We have, therefore, in the tunica interna very much the same order of cells present, and much the same relations of cells, lymph spaces, and fibrous bundles as hold in other fibrous tissues.

Before leaving the normal histology of the vessels, I would particularly direct your attention to a physiological function which seven years ago I recognized in

the endothelial cells lining the inner surfaces of the bloodvessels—*that of the formation of white blood-corpuscles*—and claimed for them normal and pathological properties very similar to those of the endothelial cells which cover the serous surfaces.

FIG. 12.



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These views, and the observations upon which they were based, were first expressed in an essay on the "Nature of Reparatory Inflammation in Arteries after Ligature," in January of 1877, for which I obtained the Warren Triennial Prize. They were first printed April, 1879, in a lecture on "Reparatory Inflammation in Arteries after Ligature, Acupressure, and Torsion," delivered in June, 1878, as Lecture VII., in the course of Toner Lectures, at Washington, D. C., and published in the Smithsonian Miscellaneous Collections, No. 321. The same opinions and observations were also recorded in the editorial addenda in the American translation of Cornil and Ranvier's "Pathological Histology," published January, 1880.

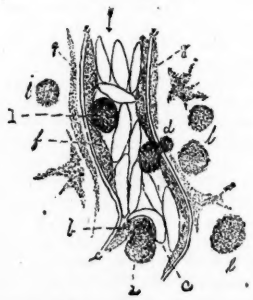
I am thus explicit, for the reason that in 1881 appeared in New York, under the editorial direction of Dr. Satterthwaithe, a *Manual of Normal Histology*, of which the chapter on bloodvessels came from the hand of Dr. Wendt, of that city. The latter gentleman makes the assertion, in a manner which would lead one to suppose it to be unquestionable, that the endothelia of bloodvessels regularly desquamate, and may give origin to white blood corpuscles; and yet, when upon the next page we read a paragraph printed in small type, it would seem that this statement is only an inference insecurely based upon a supposed analogy of function, perhaps existing between the endothelia of the bloodvessels and the endothelia of the peritoneum. Possibly the authors cited were not aware of my observations, notwithstanding the fact that they had been made known five years ago, and had been more or less widely brought to the notice of the American profession on three different occasions since. At any rate, the author quoted makes no reference to my observations, or to any others directly bearing upon the bloodvessels themselves. And yet some of his reviewers award him what credit there may attach to an original positive observation.

Now, gentleman, we take up the question of *the histology of inflammation in bloodvessels*. In discussing it, time will not allow us to consider all the phenomena which they may present under the stimulus of inflammation. Only a few of the more important changes will be noticed here.

The portions of the walls of larger vessels most remote from the source whence comes the pabulum necessary for the life and activity of the elements, are the most external layers of the tunica intima, and the most internal layers of the tunica media. Naturally these parts should of all others be most liable to necrobiosis. It is just here that the ordinary atheromatous degenerations of the arterial tunics are seated, usually first beginning as a small focus of fatty degenerated cells in the outer layers of the intima, which, in some way, has had its naturally scant supply of nutritive fluid much lessened or entirely cut off. This little focus of fatty degenerated cells acts upon the surrounding elements as a foreign body, and excites perhaps a slow destructive inflammation by which the area of the minute focus spreads. The atheromatous softening may gradually wear away the dense barrier of elastic fibres which separates the intima from the media, as well as extend inward toward the lumen of the vessel. In this manner, the tunica media, as well as the dense layers of the tunica intima of arteries, may be eaten away, and the wall of the vessel prepared for the establishment of an aneurism. In this process of destruction, the minute flat cells which cover the small bundles of fibres, and normally exist dormant in the tissues in immense numbers, no less than the common stellate cell or connective tissue corpuscle, work the destruction of the surrounding tissue.

Primary arteritis in which the pathological changes are of an active proliferating character are on the contrary seated nearer to the supply of pabulum. A chronic endarteritis affects the investing endothelia, and the layer of stellate cells directly beneath. They can be seen to present changes of growth and multiplication identical in appearance to those which have been already mentioned for the serous surfaces. The fixed cells of the layers affected, both the ordinary stellate cells and the minute flat cells, are active in this process of inflammation, whether it result in softening and destruction of the fibrous ground substance, or in a proliferation and new formation. At the same time that the activity of these various fixed cells is unquestionable, it cannot be denied that lymph corpuscles or white blood corpuscles also play a similar part.

FIG. 13.



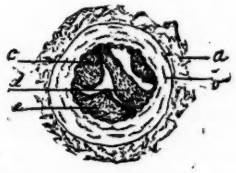
In this chronic proliferating endarteritis it is probable that all the fixed cells (including of course the investing endothelia, which are nothing more than connective tissue corpuscles somewhat modified in shape) play the most active *rôle*, whilst on the other hand in the acute inflammations the superficial changes may be mainly wrought by the white cells of the blood.

One of the effects of inflammation involving the inner surface of the bloodvessels is the swelling, proliferation, or desquamation of the endothelia. Figure 13 is borrowed from the illustrations of the Toner Lecture already mentioned. The same cut also appears upon page 58 of the American edition of Cornil and Ranvier's *Pathological Histology*. It represents a capillary in the mesentery of a frog a few hours inflamed. The endothelial cell *b* was observed to become detached from its bed in the manner explained in the place cited, and to be borne off in the circulation. I was fortunate enough to make a similar observation on one other occasion (*l. c.*).

In the lecture above referred to, I pointed out the fact that arteries are permanently healed after ligature, acupressure, and torsion, by means of a proliferating endarteritis, and that the new tissue which effects the permanent obliteration of the lumen of the vessel is a granulation tissue which springs from and is formed by a proliferation of the tunica intima, and that the blood clot, which is sometimes formed and sometimes not, is merely a foreign body, which, when present, aids in exciting a slow proliferating endarteritis, but which itself is never organized.

Fig. 14 is a sketch of a cross-cut of a small artery in the lung of a dog, the section being one of a large series made under the direction of my friend, Dr. H. Formad, Assistant Demonstrator of Pathology in the University of Pennsylvania, with the object of elucidating the etiology of tumors. In this particular case some chopped periosteum had been injected into the circulation. The animal was killed after 55 days, when numerous minute nodules of bone were found scattered through the lungs. The artery cut was in the neighborhood of one such nodule of bone located near the pleura.

FIG. 14.



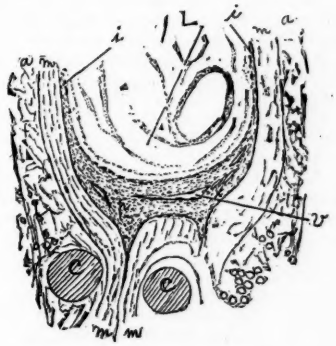
a is the tunica adventitia, and *b* the tunica media. *c* and *e* are granulations of the tunica intima projecting into the lumen of the vessel. *d* is a complete bridge of similar tissue extending from wall to wall. Here also the same process has been at work which effects the closing of the lumen of an artery after ligation or torsion. In this case we have a proliferating endarteritis established by the presence of an embolus.

Whilst studying experimentally the process of reparatory inflammation in arteries, numerous opportunities presented themselves of observing the method by which a vein closed, for it frequently happened that the needle or the forceps or the ligature included with the artery the accompanying vein.

These accidental preparations afforded the most convincing evidence that at least in these cases the lumen of the vein was obliterated by precisely the same process, namely, that of a proliferating inflammation of the inner coat of the vessel.

Figure 15 represents under a low magnifying power a portion of a longitudinal section of a jugular vein of a goat, which, some days before the animal was killed, had been ligated. Two ligatures were applied a little distance apart. The figure represents at *c* the lower ligature; *a* are sections of the adventitia; *m* sections of the media; *i* sections of the intima, which even at this level is the seat of a proliferating inflammation; *p* is a mass of the tunica intima greatly swollen and proliferated, in the midst of which lacunæ (*v*) appear. The whole space between the inner wall of this inflamed and proliferated tunica intima is occupied by a blood-clot L of a stratified or non-homgeneous constitution, and showing no signs of organization.

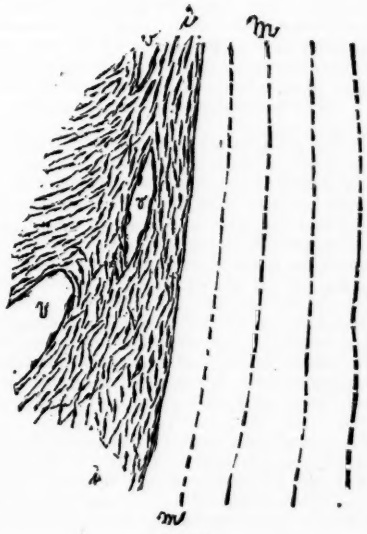
FIG. 15.



$\times \frac{40}{1}$

Figure 16 shows, as seen under a high power, the constitution of the inflamed and proliferated tunica intima. The drawing was made from the portion marked x. The proliferated intima *i* is seen to consist of a mass of endothelioid cells, which, when seen in profile, as in the figure, appear spindle-shape. The lacunæ (*v*) are lined with a single layer of endothelial cells; *m* represents an outline sketch of the tunica media.

FIG. 16.



$\times \frac{250}{14}$

I am indebted for the use of the section from which Figs. 15 and 16 were drawn, to the kindness of Dr. L. Pilcher, of Brooklyn, who some weeks ago, by invita-

tion, read a most interesting and instructive paper "On the Pathology of Ligation of Veins," before the Philadelphia County Medical Society. I believe the section was prepared by Dr. Hunt, of Brooklyn.

I have made use of the section and the drawings, which I myself sketched, in order to show one more example of a proliferating inflammation of the tunica intima bringing about the closure of a vein after the application of a ligature.

GENTLEMEN: At length we have reached the last lecture of this course. I shall occupy the hour by a general review of the salient points presented during the course of the nine preceding lectures.

You will remember that in the lectures on the cornea I described the ordinary fibrous bundle known to authors as composed of small intermediate or primary bundles of ultimate fibrillæ; and stated that each of these primary bundles possesses an average diameter about equal to that of the red blood-corpuscle, and is partially invested by minute, thin, flat, or spindle-form cells, closely applied to its surface, in this particular confirming the statements of Thin. The fibrous ground substance is actually teeming with myriads of these minute cell-plates, which ordinarily are no more visible than the cells which constitute the shaft of a hair or the corneous part of a finger-nail, but require special treatment for their demonstration in healthy adult tissue. The so-called corneal corpuscle is a complete analogue of the flat-tendon cell-plate of Ranvier, or the branched connective tissue corpuscle of the ordinary fibrous tissues. It is applied to the surface of the ordinary large fibrous bundles of authors, and usually in part lines one side of a lymph space formed by the crossing or apposition of these bundles.

These larger bundles are frequently grouped into broad thin bands or ribbons which correspond to the groups of bundles in tendons, and which like the latter have a complete investment of flat endothelial cell-plates. It is these broad bands of fibrous bundles which constitute the lamellæ of the cornea. Between some of the lamellæ exist more or less complete sheets of endothelial cells. In the normal cornea, beside the two classes of cellular elements known to exist therein, namely, the lymph or wandering cell, and the branched corneal corpuscle or common fixed cell, there are, then, sheets of ordinary endothelial cells and millions of minute flat cells enwrapping the primary bundles.

Under the stimulus of irritation the endothelial cell plates, and the myriads of little dormant cells resting upon the surface of the small primary bundles of fibres are awakened to their primitive activities no less than the long known corneal corpuscle, all tend to return to their embryonal state, and when thoroughly rejuvenated seem to be rehabilitated with their original powers, both of destruction and of repair. Often in slight injuries to the cornea the inflammatory process commences and proceeds to the complete repair of the damage done, without the intervention of the emigrant cells from the blood at the limb of the cornea, the various fixed cells and their offsprings being entirely capable, in such cases at least, of performing the work of reconstruction.

You will recollect also that I claimed for the so-called homogenous, structureless, intercellular matrix of hyaline cartilage a positive fibrous constitution, in this agreeing at some points with a few histologists who have recently examined these tissues. Furthermore, your attention was called to the analogies which exist between the so-called cartilage cell and the connective tissue corpuscle in other locations, particularly to the metamorphoses of the fat vesicle in the connective tissues, to those of the cartilage cell, and to those of the lymph vesicle of Klein. And I endeavored to show that the so-called cartilage cell presented the form and characteristics of the flat endothelioid cell-plate which in one place constitutes the branched connective tissue corpuscle; in another place the flat cell-plate of Ranvier; in still another the fat vesicle, and in yet another the lymph vesicle of Klein. And I indicated the method of successive formations of capsules and of so-called daughter cells. I attempted to trace out an arrangement of the fibrous ground substance or intercellular matrix, very similar to that of the cornea, and stated that there were strong evidences of the existence here also of the minute flat cells, partly embracing the surface of primary bundles.

More sweepingly than in the cornea, but even with much more confidence, I claimed for the fixed cells of the cartilages the sole agency, up to a certain point in the process of inflammation—admitting the possibility of interference by the emigrant cells of the blood only after great changes had already been wrought.

When discussing the serous membranes, I spoke of certain physiological functions of lymph and blood formation, which the fixed cells of certain portions of the peritoneum seemed to possess, and alluded to the fact that in these structures we often have areas of greater or less extent which may be regarded as non-vascular. In considering inflammation of these surfaces, I pointed out evidences of the active agency of all the fixed cells in the inflammatory process.

It is unnecessary for me to refer again to what I have so recently said concerning the bloodvessels.

In the course pursued in these lectures, I have purposely avoided as much as possible the examination of inflammation in tissues where the influence of the bloodvessels may be said to be dominant. In the first place, I wished to escape, as much as possible, the confusion which the presence of emigrant white blood corpuscles throws over the changes which are passing in the tissues affected by the process of inflammation; in the second place, I did not see the utility of again going over ground which has been so admirably studied by Cohnheim and some others. I do not question the fact, indisputably demonstrated again and again, of emigration of the white elements of the blood in inflammations whose influence reaches the walls of the bloodvessels. I have often observed the phenomena of emigration myself.

The chief issue I join with Cohnheim and others of that school is, that the fixed cells of the connective tissues, under the stimulus of an irritant, return to the condition of embryonal cells, and give birth to embryonal cells, contributing to the mass of embryonal elements by which tissues are destroyed in the process of inflammation, and by which also tissues are regenerated when the damage of injuries is repaired.

It is, as I believe, the most unwarrantable exercise of dogmatism to assert that the fixed cells can give rise only to cells endowed with iconoclastic powers, whilst it is the emigrant cells of the blood or their direct progeny which solely possess the power of reconstruction. There are no facts which, when crucially examined, can give support to such a belief, for it is a mere hypothesis.

In closing, I thank you, gentlemen, for your attendance and attention. My acknowledgments are also due, and are thus publicly and heartily rendered to my friend, Dr. J. H. C. Simes, who has kindly assisted me in some of the preparations which I have exhibited under the microscopes; to my friends, Carl Seiler, M.D., Henry Formad, M.D., and George Piersol, M.D., who have kindly extended me various facilities for the illustration of these lectures.

ORIGINAL ARTICLES.

LUXATION OF FEMUR; REDUCTION AFTER FIVE WEEKS.

BY H. R. WHARTON, M.D.,
SURGEON TO CHILDREN'S HOSPITAL, PHILADELPHIA.

HENRY P., æt. forty-six years, was admitted to the University Hospital on August 28, 1879, with the following history: Five weeks previous to his admission, he had fallen from the overhead of a barn to the floor, a distance of twenty or twenty-five feet, and had received an injury of the left limb. When first seen the nature of the injury was not recognized, but two weeks later a dislocation of the hip was discovered, and three different attempts were made for its reduction, without success.

Upon examination of the patient the left limb was found fixed, adducted, and shortened to the amount of one and a half inches, a corresponding change was also found in the position of the trochanter on the injured side.

From the symptoms presented, it was supposed to be a dislocation of the head of the femur backwards on the ischiatic notch (or dorsal below the tendon of the obturator internus, Bigelow).

The patient being etherized, the thigh was flexed on the pelvis, and rotary motions were made to break up adhesions; when sufficient motion had been obtained, the usual manipulations for the reduction of dorsal dislocations were practised, but without avail, although the head of the bone changed its position slightly.

After several attempts had been made to effect reduction by manipulation, extension was made by means of a compound pulley attached to the thigh, counter-extension and fixation of the pelvis being employed at the same time; these attempts also proved unsuccessful.

Prof. Ashhurst, who saw the case with me, now suggested that the angular extension described by Bigelow be tried; accordingly, a band was placed around the thigh, and to this was attached the hook of a compound pulley suspended over the patient by a tripod; the pelvis was firmly fixed, and extension was made in this direction for several minutes, then suddenly let up, and the limb abducted and rolled inwards; at this point the head of the bone was found to have changed its position and the luxation to have been converted into one of the thyroid variety; this was attested by measurements. Manipulations were now made to effect the reduction of this dislocation, which converted it again into a dorsal dislocation; after several more attempts at reduction, during which the head of the bone changed its position from one point to the other, it assumed its place in the acetabulum, and by measurement the shortening was found to have disappeared.

After reduction the trochanter on the affected side was found to be much more prominent than that on the sound side, probably due to the filling up of the acetabulum.

Broad straps of adhesive plaster were then placed over the trochanter and around the pelvis. An extension apparatus was applied, to which a weight was attached, and lateral support was given to the limb by sand-bags.

The patient complained of severe pain in the hip for several days, but this gradually wore away, and he was discharged from the hospital seven weeks after his admission, walking with the aid of a cane.

The reduction of old luxations of the femur is a proceeding attended not only with difficulty, but, in many cases, with danger, depending upon the position of the displaced bone, the time it has been out of place, the change that may have taken place in the acetabulum, and the amount of the adhesions that have occurred between the bone and the surrounding parts.

The time within which these luxations are reducible, has been set down by Cooper at eight weeks; but the latter authority himself cites a case of dorsal luxation said to have been reduced after the lapse of five years, by a fall from a berth on shipboard, and Agnew[1] mentioned twenty-nine recorded cases in which old luxations of the hip were reduced at periods varying from a few months to five years. Bigelow,[2] in discussing this subject, says: "That much depends upon the condition of the acetabulum and head of the bone, and as long as the socket was still excavated and the bones were not deformed by osseous growths, I should feel quite confident of breaking up any adhesions, lacerating the newly formed capsule, and replacing the bone by the great power of the femoral shaft as a lever and of the flexed leg in rotating the head of the bone around the main ligament."

Old ischiatic or obturator luxations are generally conceded to be much less amenable to treatment than those of the iliac or pubic variety; Malgaigne assigns a period of two years or more for the reduction of a dorsal luxation, and only fifteen days for that upon the ischiatic notch. But it must be remembered that conditions may exist which will render any of these forms of luxation irreducible at a comparatively early period.

The amount of adhesions between the head of the bone and the surrounding parts is another element affecting the prognosis, and bears some relation to the injury done to the soft parts at the time of the production of the luxation.

In this connection should be mentioned the changes which occur in the acetabulum in old luxations, rendering it shallow either by absorption of its edges or by the filling up of the cavity by fibrinous or bony material, and the osseous growths that may originate from the pelvis or the displaced bone, any or all of which may offer a serious obstacle to manipulation, and render a complete reduction impossible.

Among the accidents which may follow the attempts at reduction of old luxations, is the rupture of extensive adhesions, which may be followed by the laceration of blood-vessels, the formation of abscess, and injury to the sciatic nerve. Mr. Hutchinson[3] mentions a case in which the latter complica-

[1] Agnew's Surgery, vol. ii., p. 106.
[2] Bigelow: Dislocation and Fracture of the Hip, p. 107.
[3] Med. Times, 1866. Bryant.

tion occurred, and which was followed by paralysis of the limb.

Another accident which has frequently happened is fracture of the neck of the femur, which seems to have undergone fatty degeneration or atrophy from long disuse; it has occurred in the hands of the most skilful surgeons, and does not constitute as serious a complication as might be supposed, as it is generally followed by the production of a false joint at the seat of fracture, and leaves the patient with a useful limb.

The fact is not to be overlooked that in certain unreduced luxations of the hip, the head of the bone has formed for itself a new articular cavity, which permits of a certain amount of motion, and gives the patient a fairly useful limb; the probabilities of this occurrence are said to be greater in the ischiatic luxation than in the other varieties.

In irreducible luxations, where the pressure of the head of the bone causes pain, or where the deformity interferes with the patient's locomotion, much may be done to remedy this and give the patient a useful limb, by performing Adams' subcutaneous osteotomy of the neck of the femur, or of the bone below the trochanters.

The manipulation for the reduction of old luxations of the femur after the breaking up of adhesions, is the same as that employed in the reduction of recent luxations, except that the application of more force may be required, and for this purpose the compound pulley may be found convenient; the use of the angular extension apparatus of Bigelow[1] is particularly indicated in cases of luxation of the dorsal or dorsal below the tendon variety, as offering the best chance of accomplishing reduction, and lessening the risk of fracture of the neck of the bone.

MEDICAL PROGRESS.

EXCISION OF THE PYLORUS.—On April 5th, at the Manchester Royal Infirmary, MR. F. A. SOUTHAM removed the pylorus, along with nearly a third of the stomach, from a man aged 43, suffering from carcinoma of the parts which were taken away by operation. The patient had been under the care of Dr. James Ross for the relief of symptoms of pyloric obstruction. A hard and freely movable mass could be felt through the abdominal walls; and operative measures were determined upon at Dr. Ross's suggestion. The operation was performed by Mr. Southam, with the assistance of Mr. Whitehead, antiseptically, after the method adopted by Prof. Billroth. Thirty-nine silk ligatures were found necessary for uniting the duodenum to the stomach. The shock succeeding the operation, which lasted one hour and a half, appeared to be very slight, and for twelve hours the patient's condition was all that could be desired. No sickness ensued; the pulse was very fair; and the temperature did not fall below 97.6°. Towards evening, the temperature rose gradually; and, fourteen hours after the conclusion of the operation, death occurred somewhat suddenly, apparently from collapse, but "no doubt," in the opinion of the operator, "as the result of that acute form of septicæmia, or rather septic intoxication, to which Dr. Marion Sims has directed attention, and which is, no doubt, the real cause of death in many cases of abdominal surgery, especially where no outlet is afforded for the discharges." The temperature just before death had risen to 102°. At the necropsy, the condition of the parts around the seat of operation was carefully examined and tolerably firm adhesion was found to have already taken place between the cut surfaces of the stomach and the duodenum. There were six and a half ounces of blood-stained serum in the peritoneal cavity.—*Brit. Med. Journ.*, April 15, 1882.

[1] Bigelow, loc. cit., p. 117.

PRIMARY CANCER OF THE LUNGS.—At the meeting of the Pathological Society of London held April 18, 1882, DR. FENWICK showed a specimen of malignant disease of the right lung: he considered it to be a cancer, but as no sufficient microscopical examination had been made, this question remained doubtful, and was referred to the Morbid Growths Committee for settlement. He referred to the rarity of primary cancer of the lung, and gave some interesting statistics on this point. If the now generally accepted embryological classification of cancer be true, there is no difficulty in accounting for primary cancer in the lung, since epiblastic elements largely contribute to its formation. Undoubted cases of primary cancer have been recorded from time to time; though, compared with some other organs, the lungs are remarkably exempt from this form of disease, despite the varying and almost constant irritations to which they are subject. During the discussion, Mr. Butlin referred to the dissemination of cancer by the inhalation of cancerous particles from a diseased tongue. This view has frequently been advanced, but the grounds for accepting such a method of inoculation or grafting do not appear to us sufficient. It is well known that all attempts to engraft cancer even on animals predisposed to the disease, such as female dogs and cats, have hitherto failed; thus, while it would be premature to deny the possibility of such a mode of infection, it seems somewhat hazardous at present to trace a causal connection between lung and tongue cancer, such as the one just referred to, while there are other and more usual methods of accounting for its spread. Thus, the lymphatics about the tongue are numerous and are early implicated in disease of this organ. The blood into which the lymph is poured at the root of the neck after passing through the heart next circulates in the lung, and hence it is not difficult to understand the frequency with which these organs are affected with secondary deposits. There are still many interesting points to settle as to the histogenesis of cancer. For while the embryological doctrine of its origin holds good in a large proportion of the cases, yet a growth resembling true cancer is occasionally found in structures which are derived from the middle embryonic layer. Embryologists, it is true, are not agreed as to the exact origin of some organs; they would do well to study these moot points in the light of the pathological degenerations to which such organs (as the ovary and testis, for instance) are liable.—*Med. Times and Gaz.*, April 22, 1882.

NERVE-STRETCHING IN NEURALGIA.—MM. HAIRION and WARLOMONT report, in the *Annales d'Oculistique* (Feb. 1882), an interesting note by M. COPPEZ on a case of constant facial neuralgia of twenty years' duration cured by elongation of the affected nerve.

The unfortunate patient had been the prey of numerous dentists who, at his own request, had taken away more than half the jaw on the diseased side, leaving him poorer in teeth and money than before, but quite as well off as regards the pain. On entering the hospital, he presented all the signs of facial neuralgia; redness of the skin, lacrymation, acute pain, etc. M. Coppez performed elongation of the infra-orbital nerve with the happy result of a complete disappearance of all pain.—*Revue Scientifique*, March 25, 1882.

TANNATE OF PELLETIERIN AS A REMEDY AGAINST TAPEWORM.—Among the anthelmintics hitherto employed, none seems to produce so certain an effect as that which has been lately prepared from the cortex radicis granatorum, and which has been named by its discoverer, MR. TANRET, of Troyes, Pelletierin. Several salts of this alkaloid have already been produced. The sulphate, which was at first employed by the discoverer, frequently disappointed him, when employed in 0.5 grm. doses. Hence, either the dose of the sulphate was increased or the tannate was administered by preference, since the former is hygroscopic and more expensive, but does not differ in its action from the latter. The tannate is a grayish-white powder, which is almost insoluble in water.

Pelletierin being very highly recommended by the French physicians, Dr. Witt (*St. Petersburger Med. Woch.*) tested its qualifications in six cases. Of these, three suffered from Bothriocephalus latus, two with tænia, and the sixth, although he was not able to show any section of tapeworm, determined to subject himself to the same treatment, being under the impression that he had tænia. The patients harbored these parasites for some length of time, varying from 1½ to 8 years, and had used the various remedies to effect expulsion, always with the same result, viz., the head remaining. After the usual preparatory treatment, tannate of pelletierin was administered in a dose of 1.5 grm., and 2 to 3 hours thereafter, Ol. Ricini 15.0. The result in the five cases first named was a brilliant one; in every case the worm was expelled entirely, coiled up in the form of a ball.

In the sixth no effect whatever was produced, probably on account of the absence of any parasite. In no case was any disagreeable symptom experienced, except in the individual without the tapeworm, who was attacked with a transient sensation as if he had swallowed opium, this feeling disappearing after an hour. The alimentary tract was not disturbed, no subsequent dietetic measures being necessary.—*Cincinnati Lancet and Clinic*, April 1, 1882.

ECCENTRIC HYPERTROPHY AND ACUTE DILATATION OF THE LEFT VENTRICLE IN NEPHRITIS SCARLATINOSA.—DR. OSCAR SILBERMAN (*Jahrb. f. Kinderheil.*, xvii., B., 3 H.) concludes from his researches that:

1. In the course of nephritis scarlatinosa we may have an eccentric hypertrophy of the left ventricle.

2. If from any cause whatever the cardiac muscle has become relatively functionally insufficient, we find, instead of eccentric hypertrophy, acute dilatation of the left ventricle.

3. Whether we have hypertrophy or dilatation of the left ventricle, in every case the disturbance of compensation begins with a dilatation which is first clearly noticed at the apex.

4. The murmur over the mitral valve is only temporary when we have a compensating cardiac hypertrophy, but continues until the occurrence of death, when there is only acute dilatation.

The author hopes that his researches will lead to others, and that the study of cardiac hypertrophy in connection with acute nephritis may elucidate its relation to chronic morbus Brightii.—*The Amer. Journ. of Obstetrics*, April, 1882.

A NEW TEST FOR GASEOUS AMMONIA.—When fuchsine is dissolved in water and dilute sulphuric acid added, its red color will be changed to a yellowish-brown (the mono-acid becomes converted into the di- or tri-sulphate). If strips of unsized paper be dipped in a not too dilute solution of rosaniline and dried, they will appear—similar to turmeric—of a beautiful yellowish color.

Paper prepared in the above-described manner is permanently colored carmine-red by gaseous ammonia. The action of the ammonia is to convert the poly-acid rosaniline into a monacid fuschine. This paper is of use for the detection of ammonium salts when they are present in small quantities. The substance to be tested is placed in a bottle and moistened with calcium hydrate. The bottle is closed with a piece of the test-paper attached to the lower part of the stopper. It is best to employ the paper when it is in a dry state, because when it is moistened it becomes bluish and its change to red is not so readily perceptible. In order to hasten the decomposition of the ammonium salts, the bottle with its contents may be warmed, as the paper is not affected by steam. By this means a beautiful red color may be produced with 0.0005 gramme of ammonium chloride, and 0.0005 gramme ammonium carbonate in a very short while. When it is exposed to the air it is liable to be attacked by moisture, though only after some time; it is therefore best to preserve it in well-closed vessels. It cannot, however, be kept indefinitely, as it is too fragile, whereupon it is best to prepare a fresh supply.—*New Remedies*, May, 1882, from *Chemiker Zeitung*, V., 952.

EXTRAPERICARDIAL ANEURISM OF THE AORTA TREATED BY GALVANO-PUNCTURE.—DR. E. GALLICO (*Gaz. Med. Ital. Prov. Venete*, Dec. 31, 1881) records an interesting case of aneurism of the aorta, in which galvano-puncture was resorted to as a last resource. The patient was aged fifty-seven, and, when first seen, presented a small tumor in the third right intercostal space. The continuous current from Onimus' machine was first tried, in sittings of a quarter of an hour's duration. These not producing any beneficial effects, galvano-puncture was next employed. The operation was performed six times within three months. In four of the operations three needles were employed; in the first and last, four. After each successive application the tumor presented a remarkable hardness and consolidation in its central portions. In the intervals of treatment the tumor was covered with layers of adhesive plaster, as there appeared imminent danger of rupture. The author remarks that, though this case ended unsuccessfully, it does not shake his confidence in a method of treatment which he has more than once seen result in a cure.—*London Med. Record*, April 15, 1882.

A NEW ANTISEPTIC.—PROF. BARFF, whose name is well known in connection with his process of preserving iron from atmospheric influences, read a paper at the Society of Arts on the 29th ult., in which he introduced a new product to the attention of his audience. The product obtained by the action of boracic acid upon glycerin is a body analogous in its composition to fats, consisting of glyceril united with boracic acid instead of a fatty acid. The following is the formula showing the formation and composition of boroglyceride, the name given to the new compound:

$$\text{Glycerin } (C_3H_8O_3) + \text{Boric hydrate } (H_3BO_3) = \text{Boroglyceride } (C_3H_5BO_3 + 3H_2O.$$

At ordinary temperatures boroglyceride is an odorless, transparent, jelly-like body, almost without taste, although, when placed upon the tongue in its pure state, it leaves behind a "smack" not unlike that caused by alum. According to Professor Barff, boroglyceride is a most powerful antiseptic, and being in its diluted form practically tasteless, it is likely to be of great service in the preservation of food. For preserving food, solutions were used varying in strength from 1 in 20 to 1 in 60, and meat, fish, and many articles of animal food, after being steeped in such a solution for twenty-four hours, had been found capable of being transported to or

from a tropical country without undergoing any putrefactive change. Cream and milk had been found to keep good almost indefinitely if mixed with a proportion of this antiseptic solution, and both the milk and cream so treated had been partaken of with relish, without any suspicion that they were not perfectly fresh from the cow. For the preservation of pathological and anatomical specimens boroglyceride is likely to be of value; but if it really prove a tasteless and effective antiseptic, its chief field for employment will doubtless be in the food market. With regard to the use of boroglyceride as a food-preservative, the important question has been asked, and is likely to be asked again, whether, when taken into the body, it is innocuous. Boron is not a normal constituent of the body, and the question is a perfectly natural one to ask. Experience alone can furnish the answer, and up to the present time experience has answered in the affirmative. Professor Barff stated that not only had he taken large quantities himself, but a near relative had taken an ounce a week for nearly eighteen months, and the boys and teachers of Beaumont College had also taken large quantities of milk preserved with it, and as yet no evil effects of any kind had been observed. We have been favored with a letter from Mr. Arthur Robottom, who has considerable knowledge of borax both scientifically and commercially, and he also repudiates the notion that any harm is likely to happen from its admixture, as a preservative, with articles of diet.—*Lancet*, April 22, 1882.

CASE OF INTRAFŒTATION.—At a meeting of the Kazan Medical Society (*Vratch. Vedomosti*, No. 1, 1882), DR. LUBIMOFF showed a very interesting case of *fœtus in fœtu*. In a female child, born alive at full term, there was found a subcutaneous perineal tumor, the right half of which was dense and the left soft. On post-mortem examination, the author discovered that the left half of the tumor contained two cysts; the right enclosed various parts of another fœtus, namely, a fully developed foot with six toes, a rudimentary upper extremity, and a stomach. Between two divisions of this tumor were found two small dermoid cysts, with cubic epithelial cells, striated muscles, pieces of cartilages, and bones (with marrow).—*London Med. Record*, April 15, 1882.

TAPPING THE BLADDER THROUGH THE PROSTATE.—MR. REGINALD HARRISON continues the history of the case in which he performed puncture of the bladder for retention of urine from the perineum through an enlarged prostate. After the bladder was tapped, he says, for about six weeks his patient passed urine through the prostatic canula. His health rapidly improved, and he was able to go about as if nothing ailed him. Then it was noticed that urine in gradually increasing quantities began to flow through the natural passage, so much so as to lead to the inference that, for some reason or other, the prostate was ceasing to obstruct micturition.

On January 28th the prostatic canula was removed; the puncture healed in the course of a few days, and with this the bladder gradually proceeded to recover its natural function and power. During the day-time, he now holds his urine for two or three hours, and at night he gets up twice, and sometimes thrice, to micturate. It may be said that all functional symptoms of enlarged prostate have ceased to exist.

On the day of his admission into the infirmary, when the puncture was performed, rectal examination, made both by the house-surgeon, Mr. Laimbeer, and by Mr. Harrison, left no doubt that the prostate was greatly enlarged. Upon this point there could be no other conclusion. Now it is found that the enlargement has almost disappeared; in fact the finger, by the rectum, discovers but little that may be regarded as abnormal—a strong contrast to what previously existed. Here, then, is a case where a surgical proceeding on an enlarged prostate was followed by its rapid atrophy, a result which, so far as is known, has not been noted before. It may be urged that rectal examination affords evidence that only one side of the enlarged gland has thus become reduced; it must, however, be remembered that a return of the power and function of micturition warrants a conclusion that a corresponding change has taken place in the vesical aspect of the gland.

Though Mr. Harrison at present is able only to narrate one case, it will be taken for what it is worth, and as capable of being imitated.

He desires to record it as bearing upon the radical treatment of an affection for which little has hitherto been done.—*Brit. Med. Journ.*, April 8, 1882.

PROLONGED GESTATION.—In the May number of the *New York Medical Journal and Obstetrical Review* DR. LOUIS A. RODENSTEIN, of New York, reports four cases of prolonged gestation, and remarks that the number of cases cited upon undoubted authority by every writer on obstetrics, and the cases constantly reported as occurring under the personal observation of general practitioners, go to show that prolonged gestation is not a myth, and especially that it should not be explained away by questioning the virtue of the mother. How long the duration of the period of gestation can extend beyond the normal time is not yet determined, perhaps can not be determined, but that it may extend over two months is apparently settled. The same principle is involved, whether the uterus tolerates the presence of the child three days or one hundred and forty-five days (Professor Meigs's "Report") after the natural term of gestation has expired. He believes that, after the uterus has performed its physiological function of gestation for the natural term, it rests from the work of gestation proper. Why does it not, then, exercise the function of expulsion? That question he does not attempt to answer, but believes that after gestation has performed its proper and peculiar work the growth of the child is complete, and it thereafter lies dormant in the womb. Otherwise the child would grow to huge size, and its delivery in the natural way would be impossible; whereas in the cases cited the size of the child at the expiration of the period of prolonged gestation was normal.

HEREDITARY LEAD-POISONING.—DR. B. RENNERT, of Frankfort, claims (*Arch. für Gynäkol.*, Bd. xviii., Heft 1, p. 109) to have noticed a peculiar form of hereditary lead-poisoning, in hydrocephalus or a disproportionate size of the head, but without signs of rickets or any special tendency to convulsions. His observations were made on eleven families, with seventy-nine children, among the inhabitants of a village in Hesse, where most of the population are employed in the glazing of pottery, and suffer largely from chronic lead-poisoning. Half the children died in the first few years of life, and the survivors suffered as described.—*Med. Times and Gaz.*, April 22, 1882.

POISONING BY PHOSPHORUS BY THE RECTUM.—LANDERER relates in the *Archiv der Pharmacie* for the present year a case in which a woman, in order to come into the possession of a large inheritance, poisoned a boy, aged 15, by introducing the ends of phosphorus matches into his rectum. The boy died the same night, with very severe pain and inflammation of the rectum. The murderess committed suicide soon after her apprehension.—*Brit. Med. Journ.*, April 8, 1882.

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THE MEDICO-LEGAL QUESTIONS OF THE MALLEY TRIAL.

IN this case, now proceeding before a court and jury at New Haven, there are points of medical interest, a brief discussion of which may be useful to our readers. It is no part of our duty, as medical journalists, to sift the evidence, to adjudge the guilt, or to declare the innocence of the accused parties, nor ought we attempt to influence opinion on any of the controverted questions, except such as come within our province.

In the first place, we congratulate the medical profession that it is spared the humiliating spectacle—too often exhibited—of glaring incompetence in the witness-box. Competent hands have conducted the autopsy, and a clear intellect has detailed its results. A chemical expert has had charge of the toxical investigation, every process has had an adequate explanation, and every conclusion is justified by the production in open court of the poison. Two points on which we may comment, without in any way prejudging the case, are the *post-mortem* evidences of drowning, and the toxicological relations of arsenic.

Jennie Cramer was found dead in the water near the beach, and sufficient arsenic to kill was recovered from her body. Under such circumstances, the questions to determine are, whether the body was thrown into the water, after death by arsenic, or whether drowning was the mode of dying. The testimony for the State was, with unanimity, in favor of the former proposition. Without presuming to decide this point, we may at least attempt to ascertain how far the statements of the witnesses are supported by medico-legal authorities. Dr. Prudden, who conducted the autopsy, said there were none of the usual indications of death by drowning. Frothing at the nose and mouth, frothy mucus in the air-passages; goose skin (*cutis anserina*); sodden hands (washerwoman's), clenched hands, sometimes holding firmly grass, sand, or other objects seized in the final struggle; water in the bronchial tubes and lungs, which may contain sand, mud, or other substances indicating whence derived, and also the same in the gullet and stomach; the veins of the brain, the great venous trunks, and the right cavities of the heart distended with black blood, whilst the left cavities are empty, are the conditions present after death by drowning. Dr. Prudden disclaimed the opinion that any single sign is conclusive, and rightly held that it is the coincident occurrence of them all which must in any case determine. In this position he is supported by the medico-legal writers. Of these, the American Beck, and the German Caspar, have almost created the subject in its modern aspect, and have furnished the facts and opinions upon which succeeding authors have depended. Beck's description of drowning is classic, and affords a clear conception of the mechanism of the lesions. Caspar insists that the most conclusive evidence of drowning is furnished by the presence in the stomach of water containing impurities, filth, etc., and, in such an example as that of Jennie Cramer, of sea-water.

The most interesting subject from the scientific point of view is the poisoning by arsenic. Prof. Chittenden, who conducted the examination, gave a luminous account of the processes employed, and exhibited the poison to the Court and jury. His estimate, based on an examination of different parts, was that three grains and a fraction (3.1192 grs.) was the amount present in the body at death. From two to three grains, under circumstances favorable to the operation of the poison, may be assigned as a fatal dose in an adult. Very large doses—from sixty grains to two ounces—have been taken and recovered from; but such doses were received on a full stomach, and quickly ejected by vomiting. Does arsenic in a toxic dose invariably produce inflammation of the stomach? Although inserted at any point it may cause inflammation of the stomach by virtue of a selective action, this is by no means an invariable result, even when the dose is a large one. There have occurred cases in which, without vomiting and purging, or gastro-intestinal inflammation, paralysis, coma, and insensibility have supervened. Much depends on the form in which administered. When arsenious acid, undissolved, enters the stomach, absorption is slow, giving time for the local action of the crystals imbedded in the folds of the mucous membrane. As, however, inflammation of the stomach occurs when arsenic is introduced elsewhere, there must be another factor

of unknown origin, the presence or absence of which affects the result. Dr. Prudden, on this point, testified that inflammation of the stomach was not an invariable effect of arsenical poisoning, and quoted statistics in which inflammation was absent in the proportion of 36 to 185, or in one-fifth of the cases.

Several important questions arose about the absorption or diffusion of arsenic. Prof. Chittenden testified that the form in which it entered the stomach materially affected the result. In solution, as arsenite of potassa, or Fowler's solution, diffusion into the stomach veins occurs more quickly than when it enters the stomach as solid arsenious acid. When the solution is taken, symptoms of poisoning may appear within a half hour; when the solid is taken, a delay incident to the process of dissolving occurs, and hence the distinctly toxic effects may be postponed to an hour. The emetic effect due to a large dose, received on a full stomach, should not be confounded with the systemic toxical action. No evidence has appeared in regard to the character of the symptoms experienced by Jennie Cramer. Prof. Chittenden assumes that a soluble preparation of arsenic was taken, because there were no crystals of arsenious acid adherent to the mucous membrane of the stomach, and because the poison was so widely diffused, being found in unusually large proportion in the brain, and also found in the muscles of the back. There is much to be said in favor of these statements, but they are not entirely defensible. That crystals of arsenious acid, after the administration of the powder, have been picked off the mucous membrane is certainly true. But the difference in the diffusibility and systemic action of arsenic in the solid form and arsenic in solution is one of time. When arsenious acid enters the stomach, it obeys the laws of chemical combination, and forms an arsenite with soda or potassa, and diffuses into the blood in this form. After entering into combination with a base, and diffusing into the blood as arsenite, there can be no difference in the distribution throughout the body of the preformed arsenite and the arsenite made in the stomach.

The presence of arsenic in the various organs and tissues, except the bones, is proof of the recent introduction of the poison—for so quickly is it eliminated that, if the victim live fifteen or sixteen days after receiving the fatal dose, none of the poison can be detected after death. This was Orfila's conclusion long ago, after a course of careful experiments, and it has been confirmed abundantly since by actual cases. As elimination proceeds, arsenic can be detected in the urine. Excretion occurs to a greater or less extent also by the liver. In this organ the poison has been found when it could not be detected elsewhere. When arsenic is administered by the stomach, the liver is the first organ reached after diffusion into the blood has occurred. Poisons are not unfrequently delayed in the liver. In this fact we have an explanation, certainly in part, of the extraordinary difference in the action of remedies administered subcutaneously and by the stomach respectively. But the liver, again, filters poisons from the blood and excretes them. Hence it is that poisons are found in the liver in greater proportion than in any other organ or tissue.

In the case of Jennie Cramer, the reasons assigned by Prof. Chittenden for the belief that the poison had been received not more than twenty-four hours before death were conclusive. There was nearly four times as much arsenic found in the fauces, larynx, and trachea as in the kidneys. The quantity found in the stomach and intestines was more than half of the whole amount contained in the internal organs. It is evident, therefore, that there had not been time to effect the elimination of the arsenic taken; it had begun, but had not proceeded far when death overtook the victim.

A DANIEL COME TO JUDGMENT.

WE are not surprised that the advocates of the New York Code have been compelled to seek support outside the medical profession, nor that in the emergency they have availed themselves of the ingenious devices of the law to endeavor to make good their weakening and almost defenceless position. Repudiated with marvellous unanimity by the regular profession from Maine to California, and scouted and jeered by the irregulars themselves, who recognize the true motive of the action, they doubtless distrust, as would be natural under the circumstances, the impartiality of their own judgment. They have, therefore, through Dr. C. R. Agnew, of the Committee which framed the Code, presented the documents in the case to Mr. T. W. Dwight, Dean of the Columbia Law School, with a request for an opinion, which has been published in the *Medical Record*, of May 13th, and furnishes a striking illustration of the fact to which Huxley long ago called attention, that the mental training, habits of thought, and customary frame of mind of many scholarly, and, in some respects, even learned, persons were utterly without avail in fitting them to decide upon such problems as are ordinarily submitted to scientific men for solution.

Probably no profession has suffered more than our own from the attacks of such unqualified and usually self-appointed critics, often prominent teachers or expounders of other branches of thought or knowledge, but who have from time immemorial been the most conspicuous dupes of quacks and charlatans, or the blind opponents of scientific progress.

That Mr. Dwight is no exception to the general

rule, and has in this instance utterly failed to comprehend the true question at issue, is evident. He ignores the impassable gulf which divides rational and, in the best sense, liberal medicine from medical charlatanry, which from the moment of its inception to the present day has been unaccepted by a single scientific writer or teacher; he does not understand that a *consultation* between a regular physician and the adherent of such a school must involve either the renunciation of professed beliefs on one side or the other, or must be a farce, prompted by greed, and alike dishonoring to the practitioner and useless to the patient; he has not comprehended that the irregular, although he may be in other respects amiable and attractive, is yet, as evidenced by his self-assumed title, either mentally incapable of profiting by the counsel of intelligent physicians, or, if he does so, without renouncing his former beliefs, is guilty of deception for the sake of profit, and is, therefore, no fit associate for honorable and truthful men of any profession; and he has not realized the incalculable injury which would accrue from rendering respectable by recognition the views of such pretenders, and thereby increasing their influence for harm in the community.

All this, and much more, which is supposed by the average medical mind to have some bearing on the matter, is ignored by Mr. Dwight, who, with legal acumen, limits himself to an attempt to show that the rule of the new Code applies only to *special cases*, or emergencies; that ethical rules are, after all, mere suggestions, or "guides to judgment;" and that the adoption of the new Code does not compel any one to follow it, but leaves his action in any particular case entirely optional.

As to the first of these points let the new Code speak for itself! "Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally-qualified practitioners of medicine." Not a word of restriction as to circumstances or conditions, but entire and absolute freedom to meet and "consult" when, where, and with whom they please!

Mr. Dwight's plea that the succeeding paragraph referring to possible emergencies "must be taken into account," is a mere evasion. If he were ignorant of the fact, he should have been informed that from the days of Hippocrates it has been the pride, the chief honor, of physicians, that in time of need their services were withheld from no man, and we venture to say that in a case of true emergency of any description in which life was endangered no hesitation would be felt by any honorable physician in giving or accepting whatever aid was in his power willingly and cheerfully. Even then, however, in justice to both the patient and himself, no "consultation" with one who differed radically as to principles and methods of treatment would be possible.

Mr. Dwight, after thus insisting that the rule was intended to apply only to emergencies, asserts that abuse of the regulation, *i. e.*, consultations in cases which are *not* emergencies, is to be avoided by leaving the matter to the physician, and that "ethical rules are established only to guide the judgment," which is so palpable and complete an abandonment of his previous position that it takes from his argument whatever glimmer of reason it up to that point possessed.

Ethics—according to his favorite authority, Worcester—is a synonym for morality, and if rules of morality are to be left to the judgment of individuals, if each person is to be "a law unto himself," the sooner we abolish the ten commandments and the civil and criminal statutes the better; this, at least, is the *reductio ad absurdum* to which his argument would lead us.

We would venture, however, to turn our attention to the word "Code," and to remind Professor Dwight that it is "a compilation of *laws*, by authority" (Worcester's definition), and that laws, in this country at least, are usually regarded as restrictive rather than suggestive.

Mr. Dwight in advancing his final argument that because the State authorizes practitioners of other schools to practise medicine, "courtesy to State authority dictates recognition of their fitness for association," assumes, as he does throughout, that all the so-called "schools" of medicine being equal in the eye of the law, rest upon equal scientific basis. And he also assumes that the men whose lives have been devoted to work and to studies which best prepare them for intelligent and well-founded opinions on these very subjects are, in compliance with some imaginary "demands of humanity," or in "courtesy" to some legal phantom, to endeavor to make their honest beliefs, their deep-planted and unalterable convictions, square with others which they regard as in the highest degree absurd and irrational, and are to recognize as their professional equals and associates the ignorant advocates of such dogmas.

That such reasoning and such an argument should represent the chosen, and therefore we suppose the best, legal thought in favor of the views which we oppose is, in itself, conclusive evidence of their essential weakness. We are tempted, however, to exclaim with the clown in Hamlet, "But *is* this 'law'?"

ANTIDOTES TO GELSEMIUM.

IN a recent issue of a contemporary, a fatal case of poisoning by gelsemium is recorded. The reporter laments the absence of any proper antidote to this poison. He used amyl nitrite by inhalation and

electricity, and injected subcutaneously carbonate of ammonia and atropia. These remedies had, it appears, but transient effects, and the patient died in five hours. The use of atropia is a remarkable instance of the kind of physiological reasoning sometimes indulged in by writers for periodical medical literature. There is between atropia and gelsemium similarity, rather than antagonism. In some very important cases of poisoning by gelsemium, morphia subcutaneously has been used with surprisingly good effect. A physician took by mistake in the dark about a half ounce of the strong tincture of gelsemium. In a half hour thereafter he experienced the paralyzing effects—the drooping eyelids, greatly dilated pupil, hanging lower jaw, and the labored respiration. The physician summoned, not knowing the nature of the poison, supposed the symptoms were due to atropia. Acting on this theory, he injected subcutaneously, within a half hour, two grains of morphia, and in two hours the poisoned doctor was able to sit up and give an account of the accident, recovery speedily following. It has also been shown experimentally that an antagonism, to a greater or less extent, exists between gelsemium and morphia.

In treating a case of poisoning, beside the administration of morphia subcutaneously, faradization of the chest muscles and artificial respiration should be employed. As strychnia opposes to a limited extent the action of gelsemium on the spinal cord, this agent may also be judiciously administered hypodermatically.

THE ELECTRIC BRUSH IN THE TREATMENT OF LOCOMOTOR ATAXIA.

IN the first number of the *Neurologisches Centralblatt*, issued in January, we find an important memoir by Dr. Rumpf, of Düsseldorf, on the treatment of locomotor ataxia with the electric brush. It is impossible to deny the relevancy of the statements if true. It is impossible to overestimate the importance of the fact alleged if confirmed. It is asserted by Dr. Rumpf that this almost incurable disease is arrested by applying the electric brush along the back and limbs. Our readers, of course, know that the electric brush is a bundle of fine wires, through which the faradic current is applied to the skin. That the faradic current applied to a part affects the circulation in distant parts, has been shown by Rumpf in another memoir. He has ascertained that a mild faradic current, applied on one side, causes a dilatation of the vessels on the other side. A fact like this throws light on the asserted power of the electric brush over posterior spinal sclerosis. But to the facts: The electric brush, applied to the back and legs of an ataxic of ten years' duration for the space of two months, produced an immediate amelioration, and such restoration of power and control that the patient resumed work. One year after his cure, Dr. Rumpf exhibited the patient to the Düsseldorf Medical Society, when the only remaining symptom was absence of the tendon reflex of the knee. He has a number of cases similarly improved, but awaits the development of sufficient time to determine the reality of the cures.

So simple a procedure as brushing over the back and limbs with an electric brush may at once be resorted to by large numbers of our readers. We hope that the new expedient will be given a proper trial and the results announced.

ANALOGUES OF PTOMAINES.

WE called attention, not long since, to those peculiar substances called *ptomaines*, which have effects very similar to the alkaloids. It has lately been ascertained by Bechamp, that products having many analogies with ptomaines exist in the gastric and pancreatic digestion of many albuminoid matters. They are formed in the course of the normal digestion of these albuminoids, and are found to react with chemical agents in a similar manner to ptomaines, and to possess the same toxic activity. The importance of these discoveries, from the toxicological point of view, is certainly very great. In testing for the alkaloids in cases of poisoning, and in the experiments on animals to determine their physiological actions, the great question of the future will be, how to differentiate between them and ptomaines.

THE SIAMESE TWINS AND AN "AMERICAN SPECIAL."

IN another column we quote a highly dramatic account of the dissection of the late lamented Chang and Eng, in which an "American Special" describes how he outwitted the learned faculty present by simulating a corpse ready for dissection in the room in which the autopsy was made.

That "American Special" has the most vivid imagination we have ever known. His "big feat" is chiefly in having so delightfully misled *Chambers' Journal* and the British public.

The sober, unromantic facts are these. The College of Physicians of Philadelphia, a medical society like the Royal College of Surgeons or Physicians of Edinburgh, and not at all a college for medical students, appointed a committee to report the scientific facts as to the twins. This committee proceeded to North Carolina, and on February 1, 1874, injected the bodies with a preservative solution. Nothing else was done there. The bodies were then brought to the Hall of the College of Physicians in Philadelphia, and all the dissection was done in the room occupied by the Mütter Museum on the lower floor of the college building.

No one was present except known medical men; there were no bodies lying around on tables ready for dissection, for no dissecting-room exists there. The entire story of the lively corpse suddenly waltzing out of the door followed by the enraged doctors, and escaping in breathless but exultant haste to the railway station, is a romance made out of whole cloth.

The "special" has evidently lived by his wits and drawn upon his imagination so often and so long, that sober truth has few allurements for him. He is indeed, as he says, "one of 'em."

The report of Prof. Harrison Allen on the autopsy, and other papers and illustrations, may be found in the *Transactions of the College*, Third Series, Vol. 1, 1875, page 3, and the above facts are corroborated by his personal statements.

IN an editorial on the United States Pharmacopœia in our issue of May 6, we referred to the bid of Messrs. Hall & Whiting, of Boston, as being in all respects the best offered, but was rejected by the Committee, who assumed that these bidders "were not supposed to understand their own business." In this connection it affords us pleasure to say that Messrs. Hall & Whiting are a well-known house, successors to a business of long standing, and possessed of ample energy and capital to carry out any undertaking which they would assume.

SPECIAL ARTICLE.

THE MEDICAL NEWS COMMISSION

ON THE

MANAGEMENT OF VACCINE FARMS AND ON THE PROPAGATION OF BOVINE VIRUS.

(*Continued from p. 522.*)

TRANSMISSION OF BOVINE DISEASES.

IT is not only important that bovine virus be collected with care and judgment, and properly preserved, but it is equally important that it be taken from none but healthy animals. One of the principal reasons why animal virus is now being used, to the almost entire exclusion of humanized, is that it is believed to be free from the suspicion of diathetic and all other inoculable contamination. But this confidence is warranted only so long as the important duty of propagating animal lymph is intrusted to the hands of careful and intelligent physicians.

It has lately been suggested that tuberculosis might be communicated through animal virus. Bovine animals are known to suffer from the pommelière, or pearl disease, which, if not true tuberculosis, is certainly akin to it. So far as we know, there is no proof that this disease has ever been transmitted to the human subject through vaccination; the fears which have been expressed are based alone upon theoretical arguments, which have heretofore been supposed to have been confuted. But since tuberculosis has been shown to be entitled to rank among the infectious diseases, the question has assumed a far more serious aspect, showing the hypothesis to be well supported, and that the danger of transmitting the disease can no longer be rejected from among the number of possible occurrences. "But it must be noted," says Warlomont, "that the transmission of tuberculosis—excluding an immense majority of those cases which are untrustworthy—is obtained by the inoculation of the tuberculous matter itself. No one has ever, to my knowledge, anywhere spoken of transmission obtained through the serum of a tuberculous animal." We must, therefore, conclude that, if anything like reasonable care be used in selecting the animals and collecting the lymph, the danger from tuberculosis is very remote.

Malignant anthrax in cattle is of course an affection readily communicated to man by inoculation. But besides being of rare occurrence, it presents such striking characteristics in the animal, that to mistake it for cow-pox would imply almost criminal negligence on the part of the vaccinator.

Aphthæ epizooticæ, or the *foot-and-mouth disease*, is an acute infectious disorder, invariably communicated from one animal to another by contagion, and may be communicated to man by inoculation. The disease not unfrequently prevails as a widespread epidemic in Europe, but in this country, fortunately, it is not very common, though liable to be imported at any time. The official reports show that in the year 1871, 700,000 animals were attacked by this disease in England, and the same number in France. In 1869, this malady pervaded the greater portion of Europe, and, it is believed, if it were not for the strict police regulations observed in most countries of Europe, at least one-quarter of all susceptible animals would be annually attacked.

The disease is of interest in this connection, because it is frequently accompanied with a pustular exanthema upon the udder and teats of the cow, and might therefore be mistaken by a careless and inexperienced observer for spontaneous cow-pox. Again, if the disease were to occur in a heifer being used as a vaccinifer, the eruption might not only be mistaken for the spontaneous cow-pox vesicles, which are very common in a vaccinated heifer, but the two kinds of vesicles might coalesce, producing in this way contamination of the bovine virus, and thus the disease might be communicated to the human subject by vaccination. Fortunately, the affection is not very dangerous, either in the animal or in man. It would, however, prove a very annoying and undesirable complication of vaccinia, and therefore every possible care should be taken to guard against it.

It has been said that young bovine animals, of the age commonly used in this country as vaccinifers, are quite exempt from the foot-and-mouth disease. On the authority of Dr. Martin, when the disease prevailed in the cattle-market town of Brighton, Mass., in no single instance was a calf, or a heifer which had never borne a calf, attacked, although a few such animals occupied stables in which the dis-

ease existed. Bollinger, however, states that the consumption of milk of the diseased cow is in the highest degree dangerous to calves; not unfrequently from fifty to seventy-five per cent. of these animals die, chiefly in consequence of gastro-enteritis.

As showing how much less severe this affection is in the human species, even when transmitted by infected milk, the same authority says, young children only, in whom the diarrhœa assumes a grave character, become exceedingly debilitated, and now and then succumb to the disease.

In Dr. Martin's experience (up to 1877), the only animal disease, except cow-pox, which has been transmitted to man by vaccination is a cutaneous affection resembling herpes circinatus. About fifty cases of this form of disease have come under his notice, and in almost every instance the virus used had been obtained from incompetent producers. For example, a number of these cases occurred from the use of virus procured from a firm of dealers in Boston, who, utterly ignorant of everything connected with vaccination, were in the habit of buying all sorts of cheap refuse calves, keeping them in a filthy shed, and employing a medical student to perform the very important work of propagating the virus, which, with the view of misleading purchasers, was sold as "virus of Dr. Martin's stock." This fact is mentioned to show not merely how a physician might be robbed of the fruits of his labor by honorable merchants—this certainly would be shameful enough—but rather to show how animal vaccination is liable to suffer when placed in the hands of incompetent men, or degraded to the level of a commercial trade.

There is yet one point to which we may refer in connection with the subject of diseased animals as vaccinifers; it is this: any cutaneous disorder, and even diarrhœa, in the animal has been found to interfere with the most perfect development of the vaccine disease. On this point Dr. Martin remarks:[1]

"One of the first things to be learned by a vaccinator of animals, if he would achieve even moderate success, is that he cannot be too careful in the selection of his animals, not merely with a view to the avoidance of danger of communicating their diseases to human patients, but because the most trifling ailment, as diarrhœa, or even a wound or bruise, or any trifling cutaneous inflammation, or eruption, or irritation from parasitic insects or vegetations, will prevent such a development of the vesicles of cow-pox as would be profitable to the operator, and, indeed, generally any appearance, however imperfect, of the vesicle. In one instance I vaccinated most carefully, but without any effect, a fine eight-months-old heifer, whose skin was in perfect condition, but one of whose nascent horns had been accidentally broken, and had bled profusely. She was vaccinated again without success before the wound was healed; a third time, and successfully, after the injury had been entirely repaired."

Enough has been said on this topic to show that, while it is possible to inoculate into the human subject certain bovine diseases by animal vaccine, yet upon one condition such an accident can never happen, which is—"that the vaccine, whether living or preserved, be taken from a healthy animal, and collected at the required moment;" Warlomont says "this is the A B C of the whole question."

(To be continued.)

[1] Medical Times and Gazette, April 14, 1877.

REVIEWS.

A TREATISE ON AURAL SURGERY. By H. MACNAUGHTON JONES, M.D., etc. Second edition, revised and enlarged. Pp. 339. Philadelphia: P. Blakiston, 1882.

THE second edition of this work is far superior to the first, and presents, in a concise form, a large number of facts of value to the general practitioner and student beginning otological work. In his generosity towards his *confrères*, the author has alluded to and presented pictures of some very worthless instruments, such as the obsolete curved catheter of Noyes, the koniantron of Weber-Liel, and also numerous forms of tenotomes for operating on the tensor tympani muscle, tenotomy of this muscle being now considered a reprehensible operation. He also presents numerous wood-cuts of the worse than useless, because harmful, artificial membrana tympani of wire and sheet rubber, from that of Toynbee down to the latest worthless form. However, allusion is made to the very useful cotton pellet of Yearsley and its valuable modifications. This form of artificial drum is not only the only efficient one, but the only safe—*i. e.*, non-irritant, one. We think the author is unfortunate in his selection of polyp-snares, none of which are comparable in efficiency with Blake's-Wilde's snare, and its modifications by Sexton and C. H. Burnett. All of those the author presents are invented on *à priori* grounds, and we defy any one to operate either successfully or painlessly with them; in fact, they are usually too large to enter the ear. It will be a fortunate day for surgical science when there shall be no more instruments invented on *à priori* grounds, but still more fortunate shall be the era when authors cease to copy into their books pictures of, or even allude to, such instruments. The author of this treatise would make a third edition of his book of still greater value than this if he would weed out the useless instruments he alludes to, because even their inventors have, in many cases, abandoned the use of them. He unfortunately makes a mistake in attributing Blake's experiments with Koenig's rods (p. 30) to another observer. In this way the book fails to be what it and all treatises should be—a guide in the history of the development and growth of the subject of which it treats. However, it is, in many ways, an interesting and instructive work, and our only wish is to point out how it can be made still more so.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Thirty-third Annual Session, held at Titusville, May 10, 11, and 12, 1882.

(Specially reported for THE MEDICAL NEWS.)

FIRST DAY, WEDNESDAY, MAY 10TH. The Society met at 10 A.M.

DR. J. L. ZIEGLER, of Lancaster, President, in the chair.

Prayer was offered by Rev. J. A. Marshall.

DR. GEO. O. MOODY, of Titusville, made an *Address of Welcome* on behalf of the profession and citizens.

After the adoption of the programme, it was agreed that each County delegation should select its member of the Committee on Nominations immediately after the morning session.

THE CODE OF ETHICS.

DR. HENRY H. SMITH, of Philadelphia, offered the following:

Resolved, That this Society *reaffirms* its adhesion to the Code of Ethics as adopted by the American Medical Association.

Resolved, That the delegates of this Society to the meeting of the American Medical Association, in 1882, be instructed to *enter an early protest* against the admission to the Association of the delegates of any State or other society that objects to and does not observe said Code of Ethics in all its recommendations.

After remarks by many of the most prominent members in favor of this action, the Secretary read a similar resolution passed by the Philadelphia County Medical Society, and, the vote being taken, the resolution was *unanimously* adopted.

On motion of Dr. Smith, the Secretary was instructed to forward to the Chairman of the Committee of Arrangements of the American Medical Association a copy of this minute.

A request from the Ladies' Temperance Union was laid on the table.

An invitation to visit Warren Insane Asylum was declined for want of time.

An amendment to the Rules of Order was offered, and laid over for one year.

The Committee on a State Board of Health reported a further delay of the Legislature in the necessary action, and the Committee was continued, with instructions to press upon the Legislature the importance of the subject.

The Association reassembled at 2 P.M.

THE AMENDMENT TO THE CONSTITUTION,

offered last session by Dr. R. S. Sutton, of Pittsburg, was considered—

Sec. 2, Art. III., to read, "Every member of a county medical society in Pennsylvania shall, so long as he is in good standing, be a member of the State Medical Society, and a delegate to its annual session."

After some remarks, the amendment was rejected.

THE ADDRESS IN OBSTETRICS,

by DR. R. S. SUTTON, was read by Dr. Daly. The subject was "Abdominal and Pelvic Surgery on the Continent of Europe."

DR. S. S. SCHULTZ, of Danville, read a paper on *Gheel*, or the insane colony of that locality, detailing his observations at that place, the Mecca of Alienists. It is in the northern part of Belgium, and a part of the province of Antwerp, and includes a number of farms. Nearly all the inhabitants are engaged in lace-making, or in the care of the insane. The place is said to have originated in the year A.D. 600, a romantic story giving the details as the result of a tragedy in that year. A grave of a saint who was then slaughtered became the attraction of those who were to be cured of insanity by a visit. Hence, buildings became necessary for the reception of these guests, caretakers, appropriate nurses, etc. By degrees, as changes occurred, a process of evolution resulted, and the government took charge, so as to require it to be inspected. The patients are supposed to be divided as to their condition, but this is not fully carried out. Wealth procures the best care, and poverty allows the patient to live in a hut, with a mud floor, and with the imperfect care of a mechanic as a nurse. In no way could the Gheel system be appropriate for this country. Its success is largely due to its permanent residents, life-long nurses. It is not in any way family treatment.

DR. J. V. SHOEMAKER, of Philadelphia, then read a paper on the

OLEATES AND OLEOPALMITATES IN SKIN DISEASES,

and spoke of the great value that they possess over the *ordinary* ointments in general use.

Oleate of zinc is, *par excellence*, the remedy for excessive sweating, or in cases of hyperidrosis and osmidrosis. He has been using it for more than a year, dusted over the surface of patients suffering from an increased flow of sweat about the palmar and plantar surfaces and around the axillæ and genitalia. It has relieved and permanently cured some of the most distressing cases of excessive secretion about the feet, in which the epidermis had macerated and peeled away, leaving a tender and exposed skin, and giving rise to a very disagreable odor. It is most valuable in eczema vesiculosum.

The most successful results that he has as yet had with oleate of copper, have been in rapidly curing cases of ringworm.

Oleate of aluminium has the most decided action of all the oleates in checking muco-purulent discharges that occur in one of the varieties of eczema. It can also be employed with success as a dressing in foul ulcers, abscesses, sinuses, burns, and scalds, from its power to coagulate albumen, constringe the vessels by its antistyptic action, and check or correct the secretion of muco-pus.

Oleate of iron is free from local irritation when used topically, but when brought in contact with an ulcerating surface it has a very mild astringent action. It can therefore be used both for a constitutional and local effect.

Oleate of arsenic is a soft, yellowish ointment, having no change on the skin, except when abraded or in wounds, ulcerating and granulating surfaces, in which condition it will excite active inflammation and destroy the tissue of the parts to some depth. In lupus, especially the ulcerating varieties, the constant application of the ointment of arsenious oleate will destroy cell infiltration in a mild and comparatively painless manner. It may be employed with almost as good result in the tubercular form of lupus, providing the parts be thoroughly scraped, so as to bring the oleate in contact with an abraded surface which will greatly enhance its action. It can be used very satisfactorily in the ulcerating variety of epithelioma, and will be better borne for a longer period to the parts than any other form of arsenic.

Oleate of silver sprinkled over old chronic ulcers, bedsores, and exuberant granulations, will set up a healthier state of the parts. It is a safe and efficacious remedy in erysipelas, and can be used either around the margins to prevent the inflammation from extending, or can be applied weak, ten to twenty grains to one ounce of lard, over the inflamed surface. It has reduced the active inflammation by being constantly applied in several cases of the superficial variety of lupus. It will be serviceable applied to boils and carbuncles, and may often arrest pustulation in its early stages. An intolerable itching that sometimes occurs around the meatus auditorius, the anus, and the genitalia may often be quickly relieved by applying this ointment, either alone or combined with opium or belladonna. The advantages that the ointment of the oleate of silver possesses over the ordinary silver ointments are: its stability and prompt action, and its being less painful, and milder in its curative manner, but still penetrating deeper into the affected parts.

The superior advantages which the oleates possess

over the ordinary ointments were considered under the following five heads:

First. Their deep penetration. The oleic acid in their combination gives them active solvent powers, and facility and ability to penetrate rapidly into animal textures, while rendering any chemical ingredient with which it is combined more active and effective in dermic medication.

Secondly. Their freedom from rancidity. The same acid held in the combination will always keep the fat, with which the oleate is mixed, pure, sweet, and free from rancidity.

Thirdly. Their cleanliness of application. The rapid absorption of the oleate into the tissue will prevent any unpleasant disfigurement of the parts, will not stain the linen, and will give comfort and ease in their application.

Fourthly. Their great economy. The oleate should not be rubbed in vigorously like the ordinary mechanical ointments, which require considerable friction; they only require to be lightly smeared or applied over the surface in very small quantities, hence their great economy.

Fifthly. Their antiseptic action. The oleic acid in combination has also a most happy and effective action in rendering the oleates antiseptic and deodorant upon all discharges and suppurating surfaces.

A great drawback, however, to the general adoption of the oleates will be the lack of knowledge that the majority of pharmaceutical chemists have at the present time of their manufacture.

DR. TRAILL GREEN, of Easton, read a paper entitled *Medicine and Something More.*

DR. E. E. MONTGOMERY, of Philadelphia, read a paper entitled,

PROCIDENTIA AND ITS RELIEF,

in which, after reviewing the opinion of authorities upon the true uterine support, he assumed that the vagina was the support in the normal condition, and the ligaments nature's reserve forces. Prolapse occurs as a result of three conditions: 1st, pressure from above; 2d, increased weight of the uterus; and 3d, want of support below. The most potent agents in its production are engorgement of the uterus, frequent labor, laborious exercise, early resumption of domestic duties, neglect of laceration of perineum, and the frequent use of a widely expanding bivalve speculum.

There are three stages: 1st, simple descent; 2d, incomplete prolapse; and 3d, complete prolapse or procidentia.

The earlier symptoms are pain in back and limbs, bearing down, burning pain in pelvis and groins, and sensation of pressure upon fundament, followed later by vesical and rectal distress and tumor at the vulva.

Procidentia is distressing from friction against clothing and limbs, and from being bathed with urine, the womb often becomes ulcerated. The indications for treatment are, 1st, to replace the uterus, and, 2d, prevent the recurrence of the disorder. The latter comprises mechanical and surgical measures. The mechanical support is by means of pessaries, which are unpleasant, ineffective, and not without danger. In reviewing the various surgical procedures proposed, he claims that they all, with the exception of Le Fort's, fail to give permanent relief, for two reasons: 1st, they do not elevate the uterus to its normal position and thus facilitate the absorption of hypertrophy, and the atrophy which should occur with age; 2d, they do not afford sufficient support in the upper third of the vagina, allow the enlarged organ to sink like a wedge into the narrowed canal, and by pressure cause the absorption of the tissue below until it is again outside.

These causes of failure are obviated by Le Fort's operation, which, by constructing a bridge of tissue in the centre of the vagina, supports the uterus. It forms a double vagina. Tracy greatly improved the operation by restoring the perineum at the same time. The only drawback to its invariable performance is that the adhesion of the vaginal walls would greatly complicate delivery.

He gave notes of a case in which the operation was performed, and was completely successful.

DR. JOHN G. LEE, of Philadelphia, read a paper on *Criminal Homicides in the City of Philadelphia during a Decade; together with the Moral and Medico-legal Duties of Practitioners of Medicine in Murder Cases.*"

No further back than 1836, a distinguished European scientist and statistician made the statement that: "Man is born, grows up, and dies according to certain laws, which have never been properly investigated, either as a whole, or in the mode of their mutual reactions." Such a criticism applied nowadays to the advance of medical knowledge would be neither true nor just. For no branch of science has advanced more rapidly. And, among the many facts which have been attentively observed, especially has the cessation of the organic and material life of individuals of the human race been considered a phenomenon of exceeding interest; though but little work has been done concerning the mode of death, to which this paper calls attention.

From December 31, 1871, until January 1, 1882, out of a total number of 12,936 cases of death investigated by the Coroner's office in Philadelphia, 323 cases were deaths from homicidal violence. The year 1876 showing 46 to 23 occurring in 1873, the average being 32.3. Of the 323 cases, 26 were colored people and 297 whites. As might be expected, we find deaths from criminal violence occurring more frequently at the period of life when the bodies and intellects of the human species being fully matured, their passions are most difficult to control, the highest number being reached between the ages of 20 to 30, the next highest between 30 to 40, and then between 40 to 50; the lowest mortality being between 80 and 90, and from 5 to 15 years. 262 were adults, and 61 were minors; 174 were married, and the remaining 136 single.

These deaths occurred from the following causes: violence, blows, kicks, and other injuries, 126 cases; gunshot wounds, 66; knife wounds, 53; criminal abortion, 32; poison, 18; miscellaneous causes, 28.

Massed in groups of months, the greater number of homicides occurred in July, and the least in March. As a rule the majority of criminal killings occurred during the warm months of the year. While general meteorological phenomena most undoubtedly exert a certain influence over the frequent taking of human life, what their special effects are we are not now able to determine. Though, admitting that the impulsive actions excited by human passions are not subject to special rules and laws, we cannot but define them as being in themselves the physiological manifestation of certain physical phenomena exerting a disturbing influence over cerebral action.

WEDNESDAY EVENING.—The Society assembled at the Academy of Music, Vice-President J. A. Reed, M.D., of Dixmont, in the chair.

The PRESIDENT, DR. J. L. ZIEGLER, of Lancaster, delivered the

ANNUAL ADDRESS,

the subject of which was *The Equality of the Sexes.*

On motion of Dr. J. L. Stewart, of Erie, the thanks of the Society were tendered to Dr. Ziegler, and a copy of the Address was requested for publication.

SECOND DAY, MAY 11TH.—THURSDAY.

The session was opened at 9 A.M. with prayer.

The names of the Committee on Nominations were announced by the Secretary.

The reports from County Medical Societies were received and referred to the Committee on Publication.

The TREASURER, DR. BENJAMIN LEE, of Philadelphia, reported the receipts and expenditures during the year, and a balance of over $1,900 in the treasury.

DR. CHARLES S. TURNBULL, on behalf of Dr. L. Turnbull, of Philadelphia, read the report of the

COMMITTEE ON DEFECTIVE HEARING OF LOCOMOTIVE ENGINEERS, ETC.,

giving the method of investigation, and announcing that the Pennsylvania Railroad Company had adopted their plan set forth. Of two thousand examinations, reports are given in detail, showing their value and importance.

THE ADDRESS ON MENTAL DISORDERS,

by DR. CHAS. K. MILLS, of Philadelphia, embraced a discussion of the nature of crime and its relations to insanity, the mooted points in the question of responsibility in criminal cases, the necessity of modifications in our lunacy laws, and the importance of providing special asylums for criminal lunatics. Criminals should be studied, not in mass, but as individuals. They can be distinctly classified. Crime and insanity are related, but crime is not always a form of insanity. A knowledge of right and wrong, and even the presence or absence of delusions, cannot always be made the tests of responsibility. Responsibility must be measured in doubtful cases by the power of control.

The case of Guiteau was extensively used by Dr. Mills to illustrate his points. He regarded Guiteau as insane—the assassin's family history, his life from the time he entered the Oneida Community, the probable presence of delusions when he shot the President, and his conduct during and since the trial—supplying ample evidences of insanity and insane tendencies.

The trial of Guiteau was not conducted on scientific principles. A commission of experts should have been appointed to determine his alleged insanity, instead of using testimony in a partisan manner.

It may sometimes be advisable to punish the insane, but the greatest judgment should here be exercised. Capital punishment in the case of the insane can never be justified. In case of homicidal insanity, imprisonment for a definite term of years, or for life, in a criminal lunatic asylum would better serve the ends both of justice and mercy.

Our laws with reference to the confinement in asylums of criminals acquitted on the ground of insanity, should be modified, so as to better meet the requirements of justice in special cases.

Better provision should be made for the protection of the sane from the insane, from the many cranks and lunatics that are abroad in the land.

The founding of special criminal lunatic asylums in Pennsylvania and elsewhere was advocated by Dr. Mills in concluding his address.

By request, a paper, by DR. A. T. LIVINGSTON, of Philadelphia, was read in lieu of the discussion of Dr. Mills's address. It was entitled, *Suggestions Regarding Legislation for the Benefit and Protection of the Insane.*

DR. W. H. DALY, of Pittsburg, read a paper entitled *Some Questions Relating to Tonsillotomy.* He exhibited the instruments generally employed, and his own modifications of them. He spoke of the necessity for this operation, and the evil results following its omission. He alluded to the belief as to non-virility after removal of the tonsils, and adduced several cases where procreation had followed.

DR. A. HEWSON, of Philadelphia, also mentioned several cases where children had been born to parents after the operation, and in one case both parents had been operated upon.

DR. J. L. ATLEE, of Lancaster, spoke of the old method by ligature and canula, and of the origin of the Fahnestock instrument, he having suggested it to Dr. Fahnestock, who shortly afterwards embodied the ideas in an invention, but unfortunately took out a patent for it. Dr. Atlee had the original instrument, and had removed an immense number of tonsils with it. Concerning virility, he had two children, both operated upon, and both with eleven children.

DR. HENRY H. SMITH, of Philadelphia, deprecated the fear of hemorrhage. A little cold water speedily stopped the flow. To cut the carotid you must go through the side of the pharynx, which was not likely, unless by the use of an objectionable instrument. But a small portion need be removed.

DR. TRAILL GREEN, of Easton, spoke of the impairment of hearing after the operation.

DR. WM. S. LITTLE said that among the numerous general symptoms associated with hypertrophy of the tonsils, Dr. Daly spoke of drooping of the eyelids. He would like to inquire how frequently this is present, whether restricted to the upper eyelid or lower? Is the cause due to reflex irritation or to inflammation of the conjunctival sac from inflammation reaching it through the lachrymal passages? The stupid expression of face and appearance of lack of interest is more likely to be due to some optical defect.

DR. J. A. LIPPINCOTT, of Pittsburg, read a paper entitled *Abscess of the Orbit;* after presenting hospital statistics showing the extreme infrequency of the disease, he went on to treat in detail of the symptoms, etiology, differential diagnosis, and treatment of this formidable affection.

DR. C. K. MILLS thought the elevation of the temperature of the locality would be an aid in the diagnosis.

DR. CHAS. S. TURNBULL, of Philadelphia, read a paper entitled *Powdered Boracic Acid in the Treatment of Chronic Purulent Inflammation of the Middle Ear.*

DR. EDW. J. JACKSON, of West Chester, read a paper entitled *A Comparative Study of the Action of Certain Mydriatic Alkaloids.*

DR. JOSEPH HEARN, of Philadelphia, read a paper entitled

NATURE AND TREATMENT OF RODENT ULCERS.

The object of this paper was to call the attention of the general practitioner to the early recognition and proper treatment of this affection, and thus prevent those cases of frightful disfigurement which often present themselves too late for relief.

This disease is a local cancer. It begins as a nodule, and is often engrafted on a preëxisting mole, wart, or cicatrix. The nodule becomes fissured, and an open ulcer forms. It enlarges by increase or extension of the nodule at the edge of the ulcer. It generally occurs in old age, though occasionally it is found upon young persons. The diagnosis, as a rule, is not hard. It is recognized from lupus by the fact that lupus generally occurs in young adults, is a strumous disease, often attacks two or more points of the body at the same time, and often heals under internal treatment. Rodent cancer possesses none of these characteristics. Syphilitic ulcers run their course rapidly, and are devoid of hardened edges. The treatment is complete removal of the ulcer-base, of the hardened margins as well as the adjoining healthy structures. The structures of the face, where it generally occurs, repair so rapidly, after the most extensive removal of the parts, that the most hopeless cases may be often cured. When the knife is used and cannot reach every portion of the diseased tissue, the caustic may be made to assist.

For the ordinary small rodent cancer he prefers to use

the stick of caustic potash, entirely destroying the base and hardened edges. The after-dressing consists in the application of carbolized oil. For very superficial ulcers of the forehead or nose, there are no caustics superior to sodium ethylate or fluoric acid. They do not attack the healthy structures, only the diseased cells, no after-applications being necessary. When the crust which forms from the application falls, the tissues beneath are generally found to be entirely healed.

THURSDAY AFTERNOON.

THE NOMINATING COMMITTEE

reported as follows:—*President*, Wm. Varian, M.D., of Titusville. *Vice-Presidents*, Dr. Addinell Hewson, of Philadelphia; Dr. E. P. Allen, of Athens; Dr. A. Thayer, of Erie; Dr. A. M. Miller, of Bird-in-Hand. *Permanent Secretary*, Dr. Wm. B. Atkinson, of Philadelphia. *Assistant Secretary*, Dr. Edward J. Jackson, of West Chester. *Corresponding Secretary*, Dr. John G. Lee, of Philadelphia. *Treasurer*, Dr. Benjamin Lee, of Philadelphia.

The report was unanimously adopted.

MISCELLANEOUS BUSINESS.

On motion of Dr. J. L. STEWART, of Erie, it was

Resolved, That each County Medical Society be instructed to report with its list of members, the place and date of graduation, or other requirements for practice, of each as registered under the action of the new law.

On motion of DR. BENJAMIN LEE, of Philadelphia, it was

Resolved, That a committee of three be appointed to memorialize the legislature of this State with reference to amending and codifying the lunacy laws now on our statute books.

The committee was appointed as follows: Dr. B. Lee, chairman; Joseph A. Reed, of Dixmont, and S. S. Shultz, of Danville.

On behalf of DR. ALFRED L. KENNEDY, of Philadelphia, the Permanent Secretary read the following:

Whereas, The House of Representatives at Washington has asked the U. S. Commissioner of Agriculture for information "whether any portion of the United States is adapted to the growth of the Cinchona tree," and

Whereas, Should the same be practicable, the introduction of the tree, and its cultivation as a native source of quinia, and the other active principles of the bark, are demanded by the highest consideration of public policy, therefore

Resolved, That the Medical Society of the State of Pennsylvania hails with satisfaction the adoption of measures designed to ascertain the capability of the United States to produce the Cinchona, and calls upon the National Department of Agriculture to present at an early day the information asked for by the House of Representatives.

Resolved, That the delegates of this Society to the American Medical Association be and they are hereby instructed to lay the above preamble and resolution before that body at its next session, and if in the opinion of the delegates it be desirable, then to request similar action on the part of the Association.

On motion, the preamble and resolutions were adopted.

The Committee of Publication presented a report showing the publication and distribution of fifteen hundred copies of the Transactions.

DR. W. F. MUHLENBERG, of Reading, read the *Address in Hygiene*. His subject was *Germs*.

The schedule of subjects, etc., for examination of students was called up. An amendment or minority report was offered by Dr. Finley, and after discussion, on motion of Dr. J. L. Atlee, the whole matter was referred to the committee for further report.

DR. W. S. LITTLE, of Philadelphia, read a paper on *Sympathetic Traumatism of the Eye*.

A paper on *Treatment of Membranous Croup*, by DR. W. B. ULRICH, of Chester, was read by title and similarly referred.

DR. HENRY LEFFMAN, of Philadelphia, read a paper, entitled *Medical Relation of Prevailing Adulterations*. He specially referred to glucose as not being a dangerous article, whether in food or liquors. Oleomargarine also was not really objectionable. The insertion of talc, etc., in flour, etc., he believed to be a newspaper sensation. Candy-coloring was not so common as formerly and rarely dangerous. He did not think any legislation was required.

DR. B. E. MOSSMAN, of Greenville, read a paper entitled

PUERPERAL MALARIAL FEVER.

The attention of medical men who reside in malarial regions has of late years been directed to the subject of the influence of malarial or telluric poisoning upon the lying-in woman. The result of careful clinical investigations has been to secure abundant testimony which goes to prove that during that period the poison will develop itself with such symptoms and conditions as to justify the conclusion that malarial fever is one of the diseases incidental to child-bed, particularly in localities where malarial diseases prevail. Although the term "puerperal malarial fever" is not included in medical nomenclature, it was in his opinion an appropriate one, and as time passes, and the disease is better understood, it will meet with recognition by practitioners and occupy a place in the medical literature of the progressive future. The views which he expressed upon the subject were derived all from his own study and observation, during an experience of over eighteen years' practice in a highly malarial region, during which time he had treated many cases. There is no literature on it, save a paper by Barker.

The *diagnosis* between puerperal fever and this is not easy. It commences about the sixth day or even later. The symptoms are those incident to an attack of malarial fever, and are characterized by remissions at regular periods and high temperature during the exacerbation. There is almost always severe pain at the hypogastrium, the limbs are drawn up, and the weight of the bed-clothes cannot be borne.

Its true nature is shown by a fall of temperature, decline of other symptoms, moisture of the skin, and a recurrence in the temperature.

The treatment is quinia in fifteen to twenty grains, as soon as a fall of temperature is observed, combined with opium if necessary, and continued in smaller doses for several weeks.

DR. CARL SEILER, of Philadelphia, read a paper entitled *Intra-nasal Surgery*, detailing the method of treating growths, as polypi, etc., and describing his instruments and a new electrical engine.

DR. ADDINELL HEWSON, of Philadelphia, made some remarks on *Paper as a Vehicle for Preserving Soap for Surgical Purposes*. He exhibited specimens prepared in Titusville.

After some minor matters, the Judicial Council presented a report on a case, and a suggestion as to the registration of foreign diplomas under the new law.

DR. R. L. SIBBET, of Carlisle, presented a report of the results of the Registration Law, as shown by the reports of the Prothonotaries of the various counties.

The report was accepted and the suggestions were recommended to the County Societies.

THIRD DAY, MAY 12TH.—FRIDAY.

DR. J. V. SHOEMAKER, of Philadelphia, offered the following resolutions, which were unanimously adopted:

Resolved, That the thanks of the Medical Society of the State of Pennsylvania, are hereby tendered to the members of the Committee of Arrangements, the Ministers who opened our sessions with prayer, all of whom, though surrounded by the marks of a recent adversity, have succeeded in making us comfortable during our stay, and have added largely to make the sessions pleasant, harmonious, and interesting.

Resolved, That we tender our heartfelt thanks to his Honor, the Mayor, James H. Caldwell, and his good lady, Dr. and Mrs. Wm. Varian, and Dr. and Mrs. Geo. O. Moody, for the elegant and enjoyable receptions given at their homes.

Resolved, That we desire to express our deep gratitude and high appreciation to the citizens of Titusville, and particularly to the ladies, for the hospitable manner in which they have received the members and their families.

Resolved, That we extend our thanks for courtesies to the members of the Oil Exchange, the Battery Armory, the Daily Herald of Titusville, and the Philadelphia Public Ledger.

Resolved, That we tender our thanks to the President and Officers, for their valuable services during the session.

DR. E. GRISWOLD, of Sharon, read a paper entitled *Herniotomy, with a few Cases*, showing the importance of an early operation.

A paper on *Excision of Cartilage in Nasal Occlusion due to Deviated Septum* was read by DR. J. B. ROBERTS, of Philadelpia. (See MEDICAL NEWS, March 18, 1882.)

DR. WM. VARIAN, of Titusville, read a paper entitled *A Case of Ovariotomy*, showing the presence of a fibroid in the ovary, an extremely rare form of disease.

The paper was discussed by DR. A. HEWSON, of Philadelphia, who alluded to the treatment by dry earth. By this method, in many cases which were abandoned by operators on account of the numerous adhesions, he had succeeded in producing the degeneration of the tumor, its diminution, and a final cure. In from three to five weeks, he looks for favorable results.

The report of the delegates to the Massachusetts Medical Society was received and referred.

As the members were rapidly leaving the Hall on account of the cold, on motion of DR. VARIAN, it was agreed that the remaining papers should be read by title, in order that the Society might adjourn.

These were so read, and referred to the Committee of Publication.

The President appointed the following:

To prepare the *Address in Surgery*, DR. A. CRAIG, of Columbia; *in Obstetrics*, DR. G. O. MOODY, of Titusville; *in Hygiene*, DR. HENRY LEFFMANN, of Philadelphia; *in Mental Disorders*, DR. JOHN CURWEN, of Warren; *in Medicine*, DR. JAMES TYSON, of Philadelphia.

The PRESIDENT-ELECT, DR. WM. VARIAN, was then escorted to the chair, and after some remarks, he declared the Society adjourned to meet at Norristown, on the second Wednesday of May, 1883.

INDIANA STATE MEDICAL SOCIETY.

Thirty-second Annual Meeting, held at Indianapolis, May 9, 10, and 11, 1882.

(Specially reported for THE MEDICAL NEWS.)

MAY 9TH.—FIRST DAY.

THE Society was called to order at 10.30 o'clock by the PRESIDENT, DR. MARSHALL SEXTON, of Rushville, and the Divine blessing was eloquently invoked by Rev. J. K. Pye.

A COMMITTEE ON CREDENTIALS was appointed, consisting of Drs. Hobbs, of Knightstown; Wood, of Angola; Boyd, of Dublin; Matthews, of Madison; and Pearce, of Mount Vernon.

The Committee of Arrangements reported an expenditure for the meeting of $159.

The following Finance Committee was appointed: Drs. Dare, of Parke County; Thompson, of Marion; Halzenburg and Spurrice, of Rush; and Ford, of Wabash.

THE SECRETARY'S REPORT.

DR. E. S. ELDER, the Secretary, made his annual report, which showed that $1,101 in dues had been collected, of which $163 were delinquent. The present membership of the Society is 1,083, an increase of 11 since the last report. There have been 253 accessions during the year, 89 removals, 85 suspensions, 54 withdrawals, and 7 deaths. The large number of removals and withdrawals, the Secretary thought, was the result of the last year's law of the Society, regarding membership outside the limits of the counties in which local societies were in operation, and he thought the increase in membership showed that the original plan of incorporation was best adapted to the results desired.

THE TREASURER'S REPORT.

The Treasurer, DR. G. W. H. KEMPER, of Muncie, submitted his annual report, which made the following showing: Receipts, $1,651.95; expenditures, $1,301.54; balance on hand, $350.41.

DR. JAMES F. HIBBARD, of Richmond, read a paper on *Bacteria;* DR. G. W. H. KEMPER, of Muncie, a paper on *Primary Cancer of the Lungs;* DR. JOSEPH IUTZI, of Richmond, one on *Heredity and its Relations to the Causation of Disease;* DR. ALBERT G. PRESTON, of Greencastle, a report of a case of *Complete Transverse Rupture of the Vagina;* and DR. WILLIAM LOMAX, of Marion, a *Report of a Case of Delivery by Embryotomy without Cutting Instruments.*

THE COMMITTEE ON ETHICS

reported on the case of Dr. Vinnedge, of Lafayette, which had been appealed from the Tippecanoe County Society. They found that he had been guilty only of indiscretion, and that the charges preferred by the local society had not been sustained, and recommended that they be withdrawn, and that Dr. Vinnedge apologize to the Society. The report was concurred in.

THE FINANCE COMMITTEE

reported an examination of the reports of the Secretary, the Committee on Publication, and the Treasurer, and recommended that the Secretary be paid $100, the Chairman of the Committee on Publication $50, and the Treasurer $25. The report was adopted.

DR. F. J. VAN VORHIS offered as an amendment that the Chairman of the Committee on Arrangements be allowed $25 for his services, which amendment was approved by the Association.

MAY 10TH.—SECOND DAY.

The Committee on Nominations, consisting of one member from each county, was appointed.

The following

COMMITTEE REPORTS

were presented:

The Committee appointed last year to arrange for the preservation of the Society records presented their report, which recommended the abolition of the office of Librarian, thereby throwing his duties upon the Secretary. The report was adopted.

The Committee on Ethics, to which had been referred matters pertaining to the quarrel between Dr. Hibberd and Dr. Van Vorhis, reported that there had been no

violation of the Code on the part of either gentleman, and recommended that the papers in the case be laid on the table, which was agreed to.

On motion of DR. KEMPER, the Chairman of the Publication Committee was instructed to prepare and publish in the transactions for 1882 an alphabetical index of all papers heretofore published in the several volumes of transactions, and also an alphabetical index of names of members who have contributed papers, with their title and date.

DR. W. H. BELL, of Logansport, read an able paper on *The Management of Stillborn Children After Resuscitation*, which was discussed at length by Drs. Waterman, Beard, Porter, Moffett, and Haughton.

DR. J. R. WEIST, of Richmond, followed with a paper on *Hot Water in Surgical Practice*.

DR. J. A. AXTIN presented a paper on *Diphtheria*, which was referred to the committee on publication, without reading.

AFTERNOON SESSION.

The Wayne County Society offered a resolution asking the American Medical Association to use its influence with the National Board of Health to take charge of the cultivation of vaccine virus.

The following

OFFICERS FOR THE NEXT YEAR

were named by the Committee on Nominations, and were accepted by the adoption of the report: *President*, W. H. Bell, of Logansport; *Vice-President*, S. H. Charlton, of Seymour; *Secretary*, E. S. Elder, of Indianapolis; *Assistant Secretary*, G. W. Burton, of Mitchell; *Treasurer*, G. H. Kemper, of Muncie.

DR. THAD. M. STEVENS then read the report of the committee appointed last session to draft a bill regulating the practice of medicine, and the consideration of this report was made the special order for the evening session after the president's address.

DR. N. FIELD, of Jeffersonville, read an interesting paper on *Etiology of Endemic Fever*.

DR. MARY F. THOMAS, of Richmond, submitted a report of the Committee on *Women Physicians in the Hospital for Insane Women*.

After Dr. C. D. Pearson's paper on *Eclampsia* had been read, the Association adjourned until evening.

EVENING SESSION.

DR. SUTTON offered a resolution instructing the Secretary to procure copies of the volumes of transactions of former meetings of the Society, and have them bound in one volume.

DR. KITCHEN offered the use of his volumes, as he believed they were scarce, for which a vote of thanks was tendered the donor.

The special order was

THE PRESIDENT'S ADDRESS.

DR. SEXTON chose for his subject *Boards of Health, Medical Legislation, and the Rights and Duties of Physicians under the Law*. In speaking of the profession, he said: Your work, numbers, and intelligence constitute you the conservators of the public weal. You have done a great work in securing the establishment of a State Board of Health, which promises to do very much good. Unfortunately the chosing of the members of the Board got into the domain of politics instead of science. But I want to congratulate you and Governor Porter upon the wisdom he has shown in the selection of men who are so eminently qualified for the positions they fill. As far as the work of this Board is considered, the minority might be composed of laymen, for they would not impair the efficiency of the organization. A majority of the Board is made up of physicians of the regular school, and to a certain extent, therefore, you will be held responsible for its success or failure. Health laws have been promulgated and enforced by the Board, and have done much to prevent the spread of disease. The question has often been asked what authority had the Board to make the use of bovine virus compulsory in vaccination. The authority is undoubted, but the wisdom of such a policy can well be questioned. My personal opinion is, however, that bovine virus is much more dangerous than human virus, and I trust that when the Board shall have heard the experience of old practitioners, it will rescind the order. Another order of the Board, to isolate every case of scarlet fever, diphtheria, etc., would be received with the greatest satisfaction, and would do incalculable good.

He then deprecated the common use of spirituous liquors, and urged the enactment of a strong temperance law. He also advocated the passage of a law regulating the practice of medicine.

THE CODE OF ETHICS.

DR. T. B. HARVEY offered the following resolution:

Resolved, That the spirit which pervades the Code of Ethics, in regard to professional intercourse with irregular physicians, is violated as much by recognizing them as physicians in official capacities as by conferring with them at the bedside, and therefore the denunciation of one is equally applicable to the other

After some discussion, it was laid upon the table.

MAY 11TH.—THIRD DAY.

DR. H. D. ANERINGER, of Fort Wayne, described an interesting case of *Lacerated Perineum*, which was discussed at length.

THE STATE BOARD OF HEALTH.

The following resolution, offered by DR. VAN VORHIS, was adopted:

Resolved, That a law creating a State Board of Health having, after many years of persistent effort on the part of this Society, and of the medical profession of the State of Indiana, been enacted, it is now, in our opinion, the duty of every member of the profession and fraternity of this Society to, in every right and proper way, aid in making successful the accomplishment of the highest possibilities under it; laying aside all personal preferences and differences, and uniting as one man in assisting the Board in the grand and noble purpose of preventing disease, alleviating human suffering, and saving human life.

THE NEW YORK CODE.

A series of resolutions from the Societies of Bartholomew, Fountain, Noble, and other Counties were presented, asking a condemnation of the action of the New York Medical Society, in adopting a new code of ethics, by which the regular physicians might meet and consult with representatives of other schools who were legally qualified, such action being characterized as useless, unauthorized, imprudent, and injurious. The resolutions were adopted as the sense of the State Society.

The following papers were read: *The Relation of Nerve to Muscle*, by DR. HAUGHTON; *Epidemic Cerebro-Spinal Meningitis*, by R. F. STONE, M.D., of Indianapolis, Ind.; *Glances at and Observations upon Some Health Resorts in the United States west of the 100th Meridian*, by E. S. ELDER, M.D., of Indianapolis, Ind.; *Regular Physicians and Practitioners*, by J. S. MCMURRAY, M.D., of Frankfort, Ind.

AFTERNOON SESSION.

Papers were read by DR. PORTER on the *Treatment of Fracture of the Clavicle*; by Dr. J. W. Compton, of Evansville, on *Animal Virus*; and a paper on *Ovariotomy*, from the Tipton County Medical Society.

PUNISHMENT OF ABORTION.

A series of resolution were presented by the Noble County Society, asking the State Association to petition the next Legislature to make certain designated amendments to the Public Offence Act, so as to provide more adequate punishment for procuring abortions.

DR. FRINK, in moving the adoption of the resolutions, said that few persons had an idea of the infamous practices of pretended doctors who were coming into the northern part of the State from Illinois and Michigan. Abortion was openly and freely practised, and he knew of one man who visited a certain town in his locality semi-monthly, and who each time took the lives of at least six human beings. Something should be done at once in this matter.

DR. VAN VORHIS said he was in favor of some action in the matter, but he did not like the Society to go on the record in favor of allowing immunity from punishment to that *particeps criminis* who would testify against the person who would perform the operation.

A physician from Fort Wayne said it would not do to refer this matter altogether to the Legislature, for at the present time a member of that body from Allen County was on trial for procuring an abortion.

The resolutions were lost.

DR. BELL, of Logansport, the newly-elected President of the State Association, was formally introduced and returned thanks for the honor.

A vote of thanks was given Dr. Sexton, the retiring President, and the Association then adjourned.

TEXAS STATE MEDICAL ASSOCIATION.

Fourteenth Annual Session, held at Fort Worth, Texas, April 25, 26, and 27, 1882.

(Specially reported for THE MEDICAL NEWS.)

THE Association convened at 10.30 A. M., April 25th, Vice-President S. F. STARLEY in the chair.

After roll-call and reading of the minutes of previous meeting, DR. WILL B. DAVIS, of Fort Worth, delivered an

ADDRESS OF WELCOME,

offering the hospitalities of Fort Worth, the Atlanta of Texas—the city of artesian wells, to the Association.

The VICE-PRESIDENT, DR. STARLEY, responded on the part of the Association, thanking the gentlemen and citizens for the hearty and cordial welcome so generously tendered.

About 200 Fellows were in attendance out of a list of 362 in the State. Forty-five new members were added to the rolls during the meeting.

Dr. C. B. Rains, a practitioner of over half a century, was unanimously elected an honorary member.

Reports from Sections being next in order, DR. R. H. CHILTON, of Dallas, Chairman of the

SECTION ON OPHTHALMOLOGY,

presented a paper on *Sympathetic Ophthalmia*. DR. W. B. DAVIS read one from the same author, on *Inflammation of the Middle Ear*. DR. J. P. HALL, of Galveston, presented one on *Weak Eyes, their Causation and Treatment*. These papers showed a thorough understanding of the subjects discussed by the authors, and were all referred to the Publication Committee.

DR. MAURICE SALM, of Austin, read an exhaustive *Analytical Report of 81 Cataract Operations*. In such cases as required extractions, he used Graefe, or Graefe modified, and in every case without an anæsthetic. The results are briefly these; 13 cases lost of the 81; 3 of the 13 cases were complicated with irido-cyclitis, and 6 of these can now be improved by an iridectomy; 40 cases cured with vision from 1 to $\frac{1}{7}$; 23 cases vision from $\frac{1}{8}$ to $\frac{1}{50}$, and 5 cases vision from $\frac{1}{50}$ to $\frac{1}{100}$.

SECTION ON SURGERY.

DR. D. F. STUART, of Houston, read an article on the *Advances in Surgery*, showing that most brilliant triumphs had been achieved during the last decade, especially in uterine and abdominal surgery.

DR. R. H. L. BIFF presented a paper upon the *Treatment of Strangulated Hernia in Reference to its Radical Cure*. His paper had the merit of original and clinical research, and was well received.

DR. A. P. BROWN, of Jefferson, on the *Surgery of the Pancreas*, with a case of cystic tumor growing therefrom weighing 21 pounds. Perfect recovery of the patient after operation.

SECTION ON PRACTICE.

DR. J. C. FIELD read a paper on the *Hot Springs of Arkansas, and the Treatment of Disease by its Thermal Waters*.

DR. J. M. WILLIS, one on the *Waters of Wootan's Wells, Texas*, a great health resort for invalids and for persons suffering from chronic diseases.

SECTION ON GYNECOLOGY.

DR. W. J. BURT, of Austin, chairman of this Section, read an elaborate article on *Surgery in Gynecology*, and particularly in reference to lacerations of the perineum and cervix uteri. He emphatically recommended restoration of lacerations by surgical procedure. He dwelt considerably upon the importance of early recognition and operation on lacerated cervix uteri, as a preventive of epithelioma of the neck. He argued that epitheliomatous diseases are at first local, and become malignant by cell proliferation. He believed that all the essential factors for the development of the papilloma exist in a lacerated cervix uteri.

DR. R. B. WHITE read a paper on *Phlegmasia Dolens*, and DR. G. S. SYKES, of Coleman City, one on *Puerperal Convulsions and their Treatment by Venesection*. This paper was freely discussed; the majority of speakers advocating venesection in preference to any one remedy, but urging the importance of delivery, if not already accomplished, as an essential consideration.

The following resolution was adopted concerning

UNDER-BIDDING IN PRACTICE,

Resolved, That it is *reprehensible* for Physicians to under-bid each other to obtain practice in private or public institutions.

The following resolution concerning

THE NEW YORK CODE OF ETHICS

was offered by DR. W. J. BURT, of Austin, and unanimously carried:

Whereas, The Texas State Medical Association desires the dignity and ethics of the profession sustained, and the unity and fellowship of its societies promoted; and,

Whereas, The Medical Society of the State of New York, by a vote of 55 to 18 in February last, refused to adhere to the Code of Ethics of the American Medical Association in reference to *consultations;* and,

Whereas, They adopted a revised code, contrary to the spirit and genius of the ethics of the American Medical Association. Therefore,

Resolved, That the Texas *State Medical Association* hereby proclaims its adherence to the *Code* of *Ethics* of the American Medical Association; and,

Resolved, That this Association send its delegates to the American Medical Association to meet in St. Paul, Minn., in June next, *instructed* to use the vote of the Texas State Medical Association in sustaining the dignity, fellowship, and ethics, as formulated in the Code of the American Medical Association.

The following were elected

OFFICERS FOR THE ENSUING YEAR:

President, S. F. Starley, M.D., of Corsicana. *Vice-Presidents*, Drs. W. P. Burts, of Forth Worth; W. A. Adams, of Bryan; and Joe S. Willis, of Waco. *Secretary*, for three years, Dr. W. J. Burt, of Austin. *Treasurer*, Dr. J. Larendon, of Houston.

The usual resolutions of thanks were extended to the railroads, press, hotels, citizens, and committee of arrangements; and the Association then adjourned to meet in Tyler, Texas, on the 4th Tuesday in April, 1883.

After adjournment the members repaired to the El Paso Hotel, where the citizens of Fort Worth tendered them a banquet, reflecting her generosity and sustaining her name for hospitality.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Adjourned Meetings, May 6 and 12, 1882.

(Specially reported for THE MEDICAL NEWS.)

IN pursuance of the resolutions passed by the Faculty at their late annual session, a special meeting was held in their Hall on the 6th ult. to consider unfinished and other business.

The Faculty met at 12 M., the President, Dr. William M. Kemp, in the chair.

New Rules for the Library, brought in by Dr. I. E. Atkinson, Chairman of the Library Committee, were presented and adopted.

DR. T. BARTON BRUNE, Chairman of the Committee to report on the subject of the establishment of a *Directory for Nurses*, presented a report containing suggestions for the carrying on of such a directory, which were largely founded upon the one now in such successful operation in Boston. At the same time, he showed how, without causing expense to the Faculty, it would in all probability become a source of revenue in a short time. The suggestions were, with some modifications, adopted, and the committee, consisting of Drs. T. Barton Brune, R. W. Johnson, and William Green, were reappointed and authorized to carry out the plans proposed.

DR. F. DONALDSON, Chairman of the Executive Committee, reported that they had elected Dr. G. Lane Taneyhill, Secretary, *vice* Dr. W. G. Regester, deceased, and Dr. Robert Wilson Assistant Secretary, and announced additional delegates to the approaching American Medical Association; also that Dr. J. S. Billings, Surgeon, U. S. A., had accepted the invitation which had been tendered him to be the Orator at the next annual Convention of the Faculty.

DR. JAMES CAREY THOMAS offered the following resolutions in relation to the

NEW CODE OF ETHICS

of the New York State Medical Society, which were adopted unanimously:

Resolved, That the Medical and Chirurgical Faculty of Maryland, having had its attention called by the address of Dr. Donaldson, the late President of the Faculty, to the Code of Ethics recently adopted by the State Medical Society of New York, and believing that intelligent consultations are not possible between scientific physicians and homœopaths, Thomsonians, eclectics, and other irregulars, hereby reaffirms its adhesion to the Code of the American Medical Association.

Resolved, That the delegates of the Faculty be requested to present these resolutions at the approaching annual meeting of the American Medical Association.

DR. JOHN S. CONRAD moved a resolution that a committee be appointed to investigate the subject of the proper safeguards that should be adopted by the State for the *protection of the person and estate, etc., of persons confined in insane asylums*, and to submit a report of the results arrived at, and a bill comprehending the whole subject in legal form to the next annual meeting. The committee shall examine carefully into the working of the laws now in force in other States, and obtain the advice of the best medico-legal talent of the State.

The resolution was adopted, and the President appointed Drs. J. S. Conrad, Thomas S. Latimer, Richard Gundry, Richard McSherry, and G. Lane Taneyhill.

The meeting adjourned to meet on the 12th of May.

MAY 12TH.

Meeting convened, and, after the transaction of some general business, a committee was appointed to collect funds for the erection of a building for the library.

The following was passed:

Resolved, That a committee be appointed to prepare a law, to be subsequently submitted to the Faculty before presentation to the legislature, regulating the sale of patent drugs in this State.

Adjourned.

KANSAS STATE MEDICAL SOCIETY.

Annual Meeting, held at Emporia, May 9, 1882.

(Specially reported for THE MEDICAL NEWS.)

THE Kansas Medical Society held its annual meeting at Emporia, May 9. Some seventy members were present, and twenty-four new ones were admitted. DR. G. W. HALDEMAN, First Vice-President, presided in the absence of the President, Dr. Stuart.

In his *Address*, Dr. Haldeman recommended that efforts be made to secure the passage of laws regulating the practice of medicine, the organizing a State Board of Health, and compulsory vaccination. Two plans were suggested to abate the nuisance of so-called patent medicines: First, to have them actually patented; and, second, to have them analyzed and the analysis published.

DR. B. E. FRYER, U. S. A., read a *Report on Ophthalmology*, especially with reference to the work done by the Ophthalmological Section of the International Congress.

DR. W. A. MCCULLY spoke briefly on the *Use of Plaster of Paris in Fractures, Iodoform in Surgery, and the Rubber Bandage in Erysipelas*. An interesting discussion followed.

DR. A. LEIGH read a *Report on the Advances in Surgery*, notably in operations in the abdominal region.

A *Draft of an Act to Regulate the Practice of Medicine and Establish a State Board of Health*, to be presented to the next Legislature in place of the one recently decided unconstitutional by the Supreme Court, was read by Dr. W. L. Schenck, and a committee was appointed to present it to the Legislature.

DR. STONE presented a specimen, and read a report of a case of *Gunshot Wound of the Heart* where the ball, calibre 34, passed through the chest-walls and the wall of the right auricle, and dropped into that cavity, the patient living seventy-six hours after the injury, although he received another shot which passed through the abdomen and the liver.

Papers were also read on *Syndectomy*, *Sanitation*, *Fractures of the Leg*, and *Morality from a Medical Standpoint*.

DR. COCHRANE, in a *Report on Obstetrics*, advised the use of chloroform and the forceps in cases of normal labor, which elicited a long discussion.

DR. MOTTRAM presented a pathological specimen of *Sarcoma of the Testicle* occurring in a child three and a half years old.

Resolutions condemning in severe terms the New York Code were offered, but not adopted.

Resolutions were adopted commending the work

of the National Board of Health, and urging Congress to increase the number of that Board to one from each State.

Resolutions were passed condemning the religious press of the country in advertising quack medicines and secret nostrums.

The following officers were elected for the ensuing year: *President*, Dr. G. W. Haldeman; *Vice-President*, Dr. W. S. Mendenhall; *Secretary*, Dr. F. D. Morse; *Assistant Secretary*, Dr. J. B. Hibben; *Treasurer*, Dr. W. W. Cochrane; *Public Orator*, Dr J. M. Lane.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Stated Meeting, May 3, 1882.

W. S. W. RUSCHENBERGER, M.D., PRESIDENT, IN THE CHAIR.

(*Concluded from p. 530.*)

DR. DA COSTA then reported some *Observations on Catarrhal Fever*. He said: those engaged in active medical practice must have been struck with the widespread prevalence of an epidemic of catarrhal fever presenting many curious features. As it is only by a study of all such epidemics that we shall ever learn fully to understand this dissimilar malady, I trust it may not prove without value to record my individual experience with it.

The disorder begins almost invariably in a sudden manner, sometimes with a chill, quite as often without it. I have known persons well in the afternoon, and in the evening with a decided fever, and suffering all the discomforts of the catarrhal malady. Among the first signs of this are pain in the throat, and a feeling as if it were filled up, yet looking at it nothing is seen but redness and some relaxation. Fever is by this time developed, at first of only moderate intensity and with a quick but very compressible pulse. Dry cough soon becomes a feature, occurring not infrequently in paroxysms, and now and then combined with loss of voice, and with difficulty in swallowing. The chest walls are sore, and the cough is painful. Frequent, rather difficult breathing, not associated with any marked physical signs except feebleness of respiratory murmur, is a common symptom. As the malady progresses, more obvious signs of bronchial catarrh may happen, and harsh breathing and dry râles be found on listening to the chest. But here and there will be a spot still marked by feeble breathing, a spot of seeming congestion of the lung and of impaired expansion. Scanty tenacious sputum, blood streaked, is perhaps noticed to become more copious and purulent only in cases in which the bronchial catarrh is prominent. The eyes are, as a rule, injected or watery, but nasal catarrh does not exist. Yet late in the disease it may come on, and the malady pass off, in the language of the patient, by a bad cold in the head. Besides these catarrhal symptoms, are pains,—chest pains, pains in the neck and scalp, pains in the loins and limbs. The chest pains are most peculiar and severe. They are sharp and like pleurisy, indeed they are so regarded. But only impaired respiration exists, friction does not, save in the rarest instances; and the character of the pain, its having its seat in the chest walls, is shown by its transferring itself with rapidity from one side to the other.

The state of the skin is at first dry and harsh. It becomes soft and clammy as the disorder advances, and copious sweats, especially at night, are common. The face at the outset is apt to be flushed, and what has particularly struck me in this epidemic as a feature which I cannot recall to have noticed so strikingly before, is a curious irregular mottling of the surface. This is very marked on the neck and breast, and might easily cause the case to be mistaken for scarlet fever or for German measles. But when closely looked at, it is seen how the capillary injection is really quite unlike the eruption of either.

As temperature observations on catarrhal fever are very imperfect, I recorded whenever a good opportunity offered as many as possible. Here is a case in which with the aid of a very intelligent nurse they were made three or four times daily, and begun a few hours after the first symptoms had manifested themselves.

1st day. 2.30 A.M., 102.2°; 6.45 A.M., 100.8°; 8 P.M., 101°.

2d day. 11 A.M., 100.8°; 9 P.M., 101.6°.

3d day. 2 A.M., 104°; 10.30 A.M., 101.5°; 3 P.M., 101.5°; 6 P.M., 103°; 9 P.M., 105°.

4th day. 7 A.M., 101.5°; 9 A.M., 99.5°; 11 A.M., 100°; 6 P.M., 100°.

5th day. 11 A.M., 99.2°; 9 P.M., 99.6°.

6th day. A.M., 99°.

7th day. A.M., 98.5°; no evening rise.

This temperature was the highest I have met with in an uncomplicated case. It attained its height on the third day, and is seen to be very irregular. In truth, irregularity of temperature is one of the characteristic features. The temperature is apt to be irregular until the whole disorder markedly declines, when it by gradual degrees, but in the space of a day or two, returns to the normal.

Next to the catarrhal and febrile symptoms the gastro-intestinal claim attention. Disgust for food, pasty tongue, are very usual, and attacks of diarrhœa not unusual. In some cases, indeed, the intestinal catarrhal symptoms are far the most prominent, and it may be that only with their subsidence the bronchial catarrh appears. Nor is it always a simple diarrhœa. Seizures bespeaking an irritation of the large intestine, diarrhœas soon merging into dysenteries form quite a fair proportion of the cases. The urine is high colored, scanty, but free from albumen, even in cases with a temperature of 105°. Only in instances of most marked pulmonary congestion have I known it to contain albumen, and then but in small quantities.

As regards the nervous symptoms, great lassitude, restless nights, and marked hebetude strike us most. With reference to the drowsiness, it is often so decided that it is difficult to believe that the patient has not taken opium. Delirium I did not once encounter; nor were the cutaneous hyperæsthesiæ as common as I have noticed them in other epidemics. In truth, on the whole, the nervous phenomena, except the hebetude, were less pronounced.

The duration of the disease is a short one. It does not, unless kept up by complications, exceed a week; nor did I see a fatal case, unless from complications. During the rather tardy convalescence, what forces itself on our attention is the weakness with the decided loss of flesh which so short a disease has occasioned. Of course, I am speaking only of marked cases, and not of the slight ones of a few days' duration that abound as a light manifestation of the epidemic influence. Glandular enlargements are very occasionally met with during the convalescence; more often did I notice inflammation of the antrum, with its distracting headache and sense of fulness and pain.

I have just alluded to the complications. Pneumonia, catarrhal and lobar, is the most common. And I am quite clear that the great prevalence just now of pneumonia must be mainly ascribed to the influence of the poison of the catarrhal fever. But this is too large a question to enter into here; as it would equally lead me too far to inquire whether there are any clinical differences which separate these pneumonias of epidemic origin from those originating from other causes.

Besides pneumonia, I have met with overwhelming attacks of pulmonary congestion. One, for instance, seen with a medical friend, in which a bright lad of sixteen perished who had not been ill forty-eight hours; perished with bloody tenacious sputum, temperature of 104.8°, intense dyspnœa, heavily congested lungs terminating in œdema, and amid vanishing pulse, wild struggles for life, and signs of non-aerated blood—in whom nevertheless there were no spots of dulness or bronchial breathing or other evidences of consolidation to be detected. Then I saw, with Dr. Herbert Norris, in a previously healthy, although rather delicate, young woman, who was seized with catarrhal fever just as her little girl was fairly convalescent from it, rapid phthisis develop itself; primarily in the lung which, three or four days after the acute setting in of the catarrhal malady, had slowly advanced to imperfect consolidation at its lower part, then more rapidly in the right. On the side first affected, a large cavity formed in the lower lobe, and became manifest on about the twelfth day of the disease. The whole duration of the case was just three weeks; the only instance of tubercular affection to be traced in the family was that of an aunt.

Another complication I have met with is gangrene of the lung. I saw such a case with Dr. Girvin. The sputum was horribly offensive, the wasting decided; a spot at the upper part of the left lung was gangrenous. These symptoms had set in acutely, about ten days after an attack of catarrhal fever in a young woman before in good health.

There is generally little difficulty in the diagnosis of the epidemic malady; the catarrhal symptoms, the signs of the general disorder, are very manifest. Occasionally a puzzling case happens; as for instance, one in a young girl with nosebleed, with diarrhœa, with high temperature, all within the first week of the disease. Yet the sequence of the phenomena prevented the affection from being mistaken for typhoid fever. The nosebleed came on after the marked catarrhal symptoms; the diarrhœa appeared on the fourth day, and lasted only forty-eight hours; the high temperature continued but for a day, and then there were very irregular variations until, by the eighth day, the temperature had declined to normal.

One of the most interesting features of the present epidemic is its infectious character. In one household five members took it in succession; in another, it began with grandchild and ended with grandmother, after two children, mother, and three servants had had it. Nor are those exempt who are confined to the house. One of the most marked cases I encountered was in a lady who has been for five years bedridden; in another, the patient had not been out of doors for ten months.

As regards the treatment, I have nothing to add to what is well known. It has to be symptomatic; and in the very young and the very old decidedly supportive. My experience, however, makes me urge the advantage of employing quinia almost from the start; and has taught me that small, repeated doses of opium have a most happy, steadying, and distress-allaying influence.

Cases of Poisoning from Drinking Impure Water.—DR. JAMES H. HUTCHINSON stated that, during the past three months, he had had under his care at the Pennsylvania Hospital a series of six cases which presented a rather unusual set of symptoms, and which possess so much interest that he felt justified in presenting brief accounts of them.

The patients were all employed in a large sugar refinery on the Delaware River front; where, however, none of them had worked more than two, or at most three, weeks before the occurrence of the attack. The cases so closely resemble one another, that the history of one will suffice for all.

R. R., æt. twenty-one, was admitted into the Pennsylvania Hospital, on January 30, 1882. His health has always been good until two weeks ago, when, without any apparent cause, he was seized with diarrhœa, attended with a good deal of prostration. He has had as many as ten to fourteen stools a day, and has also had at times nausea and vomiting, but is sure that he has never had fever. Yesterday the diarrhœa ceased, and he has had no passage since. Upon admission the patient is anæmic, and complains of excessive weakness, of vertigo, and of pains in his back and limbs. The tongue is dryish, and coated with a thin whitish fur; the appetite poor and the pulse slow; the temperature subnormal, 97°; there is no tympany. The examination of the heart, lungs, and urine gives negative results only; he was ordered a pill containing nitrate of silver gr. ⅓, and opium gr. ¼, three times daily, and placed upon a restricted diet. *Feb.* 2. The patient's bowels have not been moved since his admission; he feels less weak; his tongue is also less coated, but his temperature is still subnormal. The pill was discontinued, and he was ordered a teaspoonful of Huxham's tincture three times daily. *20th.* The bowels are now moved regularly; he does not appear to gain strength; he was, therefore, ordered cod-liver oil. *March 6.* Discharged cured.

When this case first came under Dr. Hutchinson's care, he was puzzled how to explain the symptoms it presented. The presence of excessive prostration, with a history of diarrhœa lasting for two weeks, seemed to point to typhoid fever as their most probable cause. Against this hypothesis was the fact that the patient was positive in his assertions that he had not had fever at any time since he was taken sick, that none was present at the time of his admission or subsequently, and that there was no tympany or rose-colored spots. His condition called, however, for a supporting treatment, and his diet was restricted to liquid articles of food.

The other cases came in rapid succession, and presented the same symptoms as the first case. There were in all of them prostration, slow, compressible and often dicrotic pulse, subnormal temperature, diarrhœa, sometimes accompanied by slight pain in the bowels, and absence of tympany. This similarity of symptoms appeared to indicate an identity of cause, and it was soon discovered that, in addition to having been employed in the same refinery, they had been all subjected to an influence which seems sufficient to explain the symptoms from which they suffered. It was found upon inquiry that water from the river Delaware is introduced into the refinery for use in cleansing the evaporating pans, and that, after being used for this purpose, is returned to the river above the point although at a considerable distance from that at which it is taken. This water, being more accessible to the workmen than the ordinary hydrant water, is freely used by them for drinking purposes. The water, although said to be filtered before being put to the use first referred to, is probably from the presence of organic impurities unfit to drink.

There can be but little doubt that the use of the water of the Delaware River, contaminated, as it must be, opposite Bainbridge Street, by sewage, was the cause of the singular symptoms observed in the six cases. Impure as it was, it did not, however, produce typhoid fever, and the cases show that while impure water may produce prostration as great as that seen in this disease, it will not produce the fever itself, unless it contains the specific typhoid germs.

The symptoms presented by these cases seem to have indicated the existence of blood-poisoning rather than of irritation of the bowels. The latter could hardly have existed without the presence of a certain amount of fever. The temperature records will show that at

no time in any one of the cases was there any elevation of temperature above the normal. The stools, too, indicated the existence of relaxation rather than of inflammation: they were rather dark in color and watery, and never presented the ochrey yellow appearance of the stools of typhoid fever. The cases further show that persons may become accustomed to the use of an impure water, or that at all events it may cease to excite in them after a certain time any active symptoms. It will be remembered that all the patients had only recently been employed in the factory, and the effects in drinking the water had shown themselves very soon after they had entered upon their duties. The older hands drank the water with impunity. The cases all did well, and required little treatment, Hope's camphor mixture being used in most of the cases to check the diarrhœa, and quinia or Huxham's tincture as a tonic.

It may be well to add that the attention of the proprietors of the refinery has been called to the supposed cause of the illness of their workmen, and they have taken the proper precaution to prevent the occurrence of further sickness among them by cautioning them against the use of this water for drinking purposes.

Dr. Hutchinson appended to his paper the histories of the remaining five cases.

NEWS ITEMS.

WASHINGTON.

(*From our Special Correspondent.*)

THE TONER LIBRARY.—A joint resolution has just passed both houses of Congress, by which the library of Congress will soon receive a valuable accession of medical and scientific works as a free gift. Dr. J. M. Toner, of Washington, proposes to give his entire library, comprising more than 20,000 books and pamphlets —many of which are exceedingly rare—to the United States. This library represents the lifetime accumulations of a lover of books, and Dr. Toner desires to place it where it will be securely preserved and be at the same time accessible to students. He imposes only the following conditions:

First. That the collection should be kept separate and apart from the other books and pamphlets in the library, in separate rooms or alcoves, and that it should be known and described as the "Toner Collection."

Second. That the collection be bound, when requiring it, in a uniform and satisfactory manner, and have placed on the back of each a parchment band to distinguish them, and that a device distinctive of the donation be stamped on the title page of each, and that they be kept accessible for reference, and be catalogued as speedily as practicable; and when they appear by title in the printed catalogue of the library, that some letter or symbol indicative of the collection be used, and that the condition and growth of the collection be made a matter of record in each annual report by the Librarian of Congress.

Third. That the collection be kept and used mainly for reference and be consulted subject to the rules governing the use of rare books, and be called upon for service only when no other copy of the book or pamphlet asked for is available, and not be taken out of the library except for special reasons.

Fourth. That he be permitted to make additions to the collection from time to time as he may desire, upon the same terms, and that he have liberty to insure the perpetual increase of the collection by the establishment of a trust fund for the purpose.

TORONTO.

(*From our Special Correspondent.*)

THE TORONTO MEDICAL SOCIETY.—At the regular fortnightly meeting of the Society, held on May 4, the following officers were elected for the ensuing year: President, Dr. G. Wright; Vice-Presidents, Drs. A. H. Wright and Wilson; Secretary, Dr. McPhedran; Corresponding Secretary, Dr. J. Robinson; Treasurer, Dr. Macdonald.

Two cases of dactylitis were brought before the Society by Dr. Oldwright. They were children aged four and one and a quarter years respectively. Pathological specimens, one of globular aneurism of the aorta within the pericardium, and another of multiple myoma of the uterus, were shown by Dr. Cameron; and Dr. Macdonald exhibited a cysto-sarcoma of the testis.

LONDON.

(*From our Special Correspondent.*)

RETIREMENT OF MR. TEEVAN.—Writing of these matters, reminds me that Mr. Teevan has just recently had to retire from practice on account of disease of the aortic valves with dilatation of the heart. His name is probably well known to your readers. He is a skilled lithotritist, and early adopted Bigelow's operation of litholapaxy, and has always ascribed to Bigelow the full credit of that operation. Early in life he was a colleague of Mr. Barnard Holt, but he has been long known as an uncompromising opponent of Holt's operation for stricture, and an earnest advocate of internal urethrotomy. He has not been connected with any medical school for many years, and has been surgeon to St. Peter's Hospital for Stone, which is viewed askance by the more orthodox among us. But in spite of this, Mr. Teevan has recently enjoyed a very good practice, and his removal just now will cause a good deal of regret on all sides.

THE SOCIETY FOR THE PROTECTION OF SCIENTIFIC INVESTIGATION.—When last I wrote to you we were greatly agitated by the prosecution of Dr. Ferrier for a supposed infringement of the Vivisection Act. Now we are rejoicing in the formation of a Society for the Protection of Scientific Investigation, with Sir William Jenner at its head, and all the chief scientific men of the Kingdom on its council or actively supporting it. The anti-vivisectionists are rather aghast at this step, and altogether they are showing signs of getting worsted in the conflict, though they are not beaten off the field. Would they were!

EDINBURGH.

(*From our Special Correspondent.*)

EDINBURGH UNIVERSITY.—The chair of Natural History rendered vacant by the resignation of Sir Wyville Thomson, who has since died, was recently filled by the appointment of Prof. Edwin Ray Lankester, of London. A few days afterwards, notwithstanding that he actively sought the chair, Prof. Lankester has thought fit to resign the appointment, much to the inconvenience of the university, as the summer session begins in May. Among several unimportant reasons for his resignation, he mentions the probability of the exclusion of natural history and botany from the medical curriculum by the executive commission which government proposes to appoint for the purpose of inquiring into the condition of the Scotch universities, and accomplishing any reform which may be thought desirable. The present income of the chair is over £2,000 per annum, but it would suffer a very material reduction were natural history removed from

the medical curriculum. Prof. Lankester's resignation has been followed by the prompt appointment of Prof. Cossar Ewart, of Aberdeen University, who was previously one of Prof. Lankester's opponents for the chair.

A COLLEGE FOR THE MEDICAL EDUCATION OF COLORED STUDENTS.—At a meeting of medical teachers and practitioners, called to confer with J. BERRIEN LINDSLEY, M.D., LL.D., of Tennessee, in regard to the interests of a medical college for colored students at Nashville, and held at the hall of the College of Physicians, of Philadelphia, May 8, 1882, Professor S. D. Gross was invited to the chair, and Dr. J. G. Richardson was directed to act as secretary.

Dr. Lindsley, at the request of the Chairman, stated that the Congregational, Baptist and Methodist churches of the North, generously maintained, in the late slave States, about twenty-four institutions of learning for the benefit of the colored people, at an annual expense of nearly $300,000. Among these institutions were three medical colleges, one at Washington, one at Raleigh, and one at Nashville; the last of these, the Meharry Medical Department of Central Tennessee College, had buildings costing $20,000, and was in his opinion decidedly the most favorably located.

His object was to gain the endorsement of representative physicians in the North, for the plan of creating a national board of trusts, chartered by Congress, for the medical education of colored people, which should be empowered to promote this most desirable object, by aiding the most promising educational establishment of the kind in the South, and further defraying the necessary expenses of those young persons of African descent who should display superior intellectual capacity, in Northern or European schools, as might best serve the great end in view, of the elevation of the negro race. It being further designed that special attention should be paid to the complete preparation of colored physicians as missionaries and explorers in Africa.

Dr. H. Hartshorne highly approved of the proposed plan as explained by Dr. Lindsley, and only feared that, unless the great advantages of his scheme were very fully understood, it would be difficult to induce all the various denominations interested in this missionary work to thus unite together for its successful prosecution.

Dr. Edward Hartshorne and Dr. L. D. Harlow expressed themselves as being very much interested in this admirable project of Dr. Lindsley's, and as ready to endorse all that he had planned for the elevation of the black people. They sincerely hoped there would be no difficulty in procuring the requisite charter from our National Legislature.

Prof. James Tyson observed that his study of the important subject of medical education had rendered him opposed to the erection of any new colleges, but he did not entertain the same objection to fostering an already established institution. For the last four years, colored students had matriculated at the University of Pennsylvania, and one of these graduated the past year with an average as high as that of three-fourths of the class. Another, who will probably graduate next year, has already passed in chemistry with the unusual average of 98 in a possible 100. Only one white student is even reported to have left on account of the admission of these colored men, so that the question is practically settled in regard to the University of Pennsylvania, as it is also in the affirmative in Harvard University.

Dr. J. Cheston Morris believed that, having lived formerly on a plantation in one of the Southern States, he was intimately acquainted with the black man's capacities, and he was satisfied that for twenty, forty, or perhaps one hundred years, but a small proportion of the negroes could acquire the preliminary training necessary for a great physician. Until that time he was convinced that the wisest plan would be to maintain a good medical college in the South, at some central point like Nashville.

Dr. J. Solis Cohen called attention to the fact that in seven years the Meharry School had graduated only twenty-three students, and urged the advantages of combining the three Southern colleges into one strong institution as soon as possible.

The Chairman, Prof. Gross, remarked that, if the negro race could develop a great physician in a hundred years, it would prove its vast superiority to the whites, who had required some two thousand years to accomplish the same feat. He believed that the blacks had capacities which in time will develop to a very high degree, but for the present the negro must have his own schools. Applicants had always been refused at the Jefferson Medical College, and it would probably be a long time before they gained admittance, if they ever did so. He therefore cordially approved of the plan of Dr. Lindsley.

Dr. Lindsley said he knew, from his own personal observation as former Health Officer of Nashville, that there were in that city hundreds of colored people suffering for want of proper medical care. This state of things, lamentable as it was, existed generally throughout the South, because white physicians could not attend the blacks, out of charity, to the extent they used to do, when amply recompensed for their services by the owners of these former slaves. It was to provide qualified medical attendants from their own people for these suffering human beings that he invoked the influence of the seventy thousand physicians of America, and the substantial aid of the benevolent public at the North.

Dr. J. G. Richardson suggested that the question now before the meeting was, not so much how far the black man could be medically educated, but whether this great experiment, which will certainly be tried, shall be attempted under the most favorable circumstances as contemplated by Dr. Lindsley's plan, or whether the pecuniary advantages which contributions from Northern philanthropists would procure, shall be frittered away in the incomplete support of six or eight feeble medical colleges. He, therefore, moved that a committee of three be appointed by the chair to prepare a suitable endorsement of the proposed National Board of Trusts for the medical education of the colored race.

Dr. Edward Hartshorne moved that the committee be authorized to add to its number, and invested with power to act for the meeting; which resolution and amendment were carried unanimously, and Drs. H. Hartshorne, Richardson, and Harlow, appointed on the committee.

On motion, adjourned.

PENSIONS FOR THE VICTIMS OF SCIENCE.—Prof. Dumas, the Perpetual Secretary of the Académie des Sciences, has received instructions from the Minister of the Interior for the preparation of a list of all the *savants* who either have died or have been injured during the execution of experiments, or in making investigations in the interests of science. It is the intention of government to accord a national pension to the widows and orphans of such *savants* who have died, or to those *savants* who have been injured. The list, it may be foreseen, will be a long one.—*Boston Journ. of Chemistry*, May, 1882.

THE PUBLIC HEALTH.—For the *week ending May 6*, the following additional facts have been reported: Brooklyn reports 9 new cases of *small-pox*, and 3 deaths for the week; St. Louis, 1 death in the city, 7 in the

hospital, and 12 new cases sent to the hospital; Cincinnati, 41 deaths; Hudson Co., N. J., 9; New Orleans, 15; Buffalo, 4 new cases; and San Francisco, 2 deaths.

Dr. A. M. Wilbur writes that *cerebro-spinal meningitis* has been very prevalent in West Unity, Williams Co., Ohio, 11 deaths having occurred there between the 5th February and the 27th of April, and also that other places in the same County are suffering from the disease. *The National Board of Health Bulletin* reports only 17 deaths in six of the largest cities in the State, representing 500,000 inhabitants, during the 13 weeks ending April 1, and but very few deaths since that date. In Buffalo, this disease continues prevalent, 11 deaths having occurred during the week. St. Louis and Vicksburg, each report 2 deaths; and San Francisco, 1.

There were 13 deaths from *diphtheria* in Brooklyn; 7 in St. Louis; 5 each in Hudson Co., N. J. and Cincinnati; 2 each in the District of Columbia and San Francisco; and 1 in Buffalo. From *typhoid fever*, there were 4 deaths in St. Louis; 3 in Buffalo; 2 each in Brooklyn, Cincinnati, and San Francisco; and one each in Hudson Co., N. J. and Augusta, Ga.

A slight decrease in the mortality from *scarlet fever* is observed in Brooklyn, the deaths being 28 as compared with 30 for the preceding week. There were 9 deaths from this cause in Buffalo; 6 each in Cincinnati and St. Louis; 3 in Hudson Co., N. J.; and 2 in San Francisco. There were 7 deaths from *measles*, and 7 from *whooping-cough* in Brooklyn; elsewhere there were few or no deaths. *Cholera infantum* caused 6 deaths in New Orleans.

Brooklyn reports 48 deaths from *consumption;* St. Louis, 21; Cincinnati, the District of Columbia, and Hudson Co., N. J., each 18; New Orleans, 19; San Francisco, 17; and Buffalo, 8. From *pneumonia*, there were 35 deaths in Brooklyn; 10 in Hudson Co., N. J.; 9 in Cincinnati; 5 each in St. Louis and the District of Columbia; 7 in Buffalo; 12 in San Francisco; and 3 in New Orleans.

For the *week ending May 13* the following causes of death may be noted:

Small-pox.—The mortality from this disease is still on the increase in Cincinnati. The deaths for the week amounted to 65, which is 10 in excess of the greatest number hitherto reported. Small-pox is reported to have broken out among the sailors on the steamboats on the upper Missouri. A number of cases were recently removed from the steamer General Meade at Benton, Montana. In the Northeast this disease can hardly be said to exist at the present time. In New York, Philadelphia, and most places in the Middle States, it is no longer prevalent. In the central part of the country it still maintains a hold; likewise, to some extent, in some places in the West and in New Orleans. There were 4 deaths in New York City, 6 in Philadelphia, 65 in Cincinnati, 1 death in Louisville and 6 new cases, 2 deaths in Pittsburg and 21 new cases, 3 deaths in Memphis, 3 in Wilmington, Del., 1 in Dayton, 1 in Omaha, 3 new cases in Detroit, 5 cases and 1 death in Lynchburg, and 2 deaths in Atlanta, 3 new cases and 2 deaths in St. Louis, and 10 deaths in Chicago.

Diphtheria.—There are no unusual reports with respect to this disease. The deaths in New York City were 42, an increase of 10 over the number in the preceding week; in Philadelphia, 4; in Pittsburgh, 3; in Chicago, 15; and in St. Louis, 2. In Boston there were 11 deaths and 21 new cases; and in Detroit, 12 new cases and 1 death. Elsewhere not over one death is reported in any one place, so far as we are informed.

Scarlet Fever.—Another slight decrease in the mortality from scarlet fever is reported in New York City. The deaths were 53. At one time within the past two months the mortality exceeded 80 per week. There were 7 deaths in Philadelphia, 6 in St. Louis, 2 in Chicago, and 7 in Cincinnati; 24 new cases in Milwaukee, and 12 in Detroit; no deaths occurred in Boston, but 13 new cases were reported. In a number of other places only four or five report 1 death each for the week.

Typhoid Fever.—A very marked decrease in the mortality from typhoid fever is observed in Philadelphia. The deaths were 11, the smallest number reported since March 18, and 14 less than the number for the preceding week. There were 3 deaths in New York City; 2 in Cincinnati, and 1 each in Providence, Louisville, Indianapolis, and Nashville. There have been no fatal cases in Boston since the week ending April 29.

Measles and Whooping-cough.—Measles caused 25 deaths in New York; 4 in Cincinnati; 3 in Pittsburg; 3 in Milwaukee; 16 in Chicago; and 2 in Louisville. From whooping-cough, there were 24 deaths in New York; 2 in Philadelphia, and 3 in Boston.

Consumption and Pneumonia.—Consumption shows a slight improvement in the mortality, but it is higher than usually occurs at this season. The deaths in New York were 102; in Philadelphia, 56; in Boston, 28; in Chicago, 16; in St. Louis, 15; in Cincinnati, 13; in Providence, 10; in Louisville, 5; in Indianapolis, 7; in Pittsburg, 6; in Detroit, 5; and in Nashville, 4. Pneumonia has caused an unusually heavy mortality for this season of the year. There were 111 deaths in New York City, the highest number recorded for the past three months. Philadelphia reports 37 deaths; Boston, 20; Chicago, 17; Pittsburg, 8; Cincinnati, 6; Providence and New Haven, each 5; Detroit, 4; and Louisville and Wilmington, each 3 deaths. It is more than probable that the continued prevalence of very unseasonable weather is chargeable with the maintenance of the unusual death-rate in the case of this disease.

HEALTH IN MICHIGAN.—Reports to the State Board of Health for the week ending May 6, 1882, indicate that intermittent fever and remittent fever have increased, and that diarrhœa and influenza have decreased in area of prevalence; small-pox was reported present during the week ending May 6th and since at six places, as follows: At Flint and Manistee (two cases at each place), May 6th; at Detroit (one case, reported convalescent), May 6th, and a new case May 10th; at East Saginaw (two cases) and Saginaw City (one case), May 10th. May 4th, small-pox was unofficially reported at Menominee; authorities there have thus far failed to report the facts.

CAMDEN COUNTY, N. J., MEDICAL SOCIETY.—At the meeting of the Camden County, N. J., Medical Society, held on May 9, 1882, the following officers were elected for the ensuing year: President, Dr. E. L. B. Godfrey; Vice-President, John R. Hancy; Secretary, H. Genet Taylor; Treasurer, J. B. Mulford.

It was resolved to give encouragement and support to those colleges which, in obedience to the demands for a broader and more comprehensive medical training, have advanced the course of medical study.

It was also resolved that the greatest good to medical science, to the members of the medical profession, and to the public, is maintained by adhering to the Code of Ethics of the American Medical Association relative to consultations.

THE SIAMESE TWINS AND AN "AMERICAN SPECIAL."—We quote the following charming piece of fiction from *Chambers' Journal* for March 4, 1882.

"When the Siamese twins died Philadelphia surgery had the honor of dissecting them, and under the peculiar circumstances . . . the public were in a fever-heat of expectation to learn whether they could have existed apart. Various were the artifices resorted to by the

specials to gain a knowledge of this fact, the doctors having sternly declared that they would not admit the press. . . . Medical students and full-blown doctors, with duly 'viséd' certificates, from other cities, increased to an alarming extent. Hospital porters were offered premiums to vacate their positions for one day only. But all was of no avail; the doctors closed the door and the operation began. At its conclusion it was ascertained that the twins could have undergone a successful severance in life. At that interesting moment . . . one of the doctors observed an unusually life-like hue upon a subject waiting for dissection. But what was his horror . . . as the remark fell from his lips, to observe the corpse suddenly jump up and make for the door. He opened it in time and fled, followed by the enraged doctors. A cab was waiting outside, and into this popped the supposed corpse, to be driven like mad to the railway station, where the complacent special safely arrived with the knowledge that he had made a big beat."

APPOINTMENT.—DR. HEINRICH FRITSCH, late extraordinary professor at Henle, has accepted a call to the chair of Obstetrics and Gynecology at the University of Breslau, rendered vacant by the death of Professor Spiegelberg.

THE NORTH CAROLINA STATE MEDICAL SOCIETY AND THE NEW YORK CODE.—The special Committee on Ethics appointed by the North Carolina State Medical Society at its meeting last week, presented the following report:

Your Committee, to whom was referred the communication from the New Hanover County Medical Society in regard to the recent action of the New York State Medical Society, as embodied in the following words: "Members of the Medical Society of the State of New York, and the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity," respectfully offer the following resolution:

Resolved, Regretting and disapproving this action as tending to the breaking down of the barriers between the regular and irregular practice of our profession, we hereby reaffirm our adherence to the Code of Ethics of the National Medical Association, and instruct our delegates to its next meeting to further all efforts that may be made to compel its members to a strict obedience to the mandates of the code.

THE MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA AND THE NEW YORK CODE.—At a meeting of the Medical Association of the District of Columbia, held at Washington, May 13, 1882, the following preamble and resolutions were adopted:

Whereas, The Medical Society of the State of New York has so modified the rules controlling its members as to permit of consultation with "irregular" practitioners of medicine.

Resolved, That this Association expresses its unqualified disapproval of the course thus taken, regarding it as detrimental to the progress of medical science, degrading to the dignity of the profession, and opposed to the best interests of the public.

Resolved, That the science of medicine admits of no sects or schools; its object is the rational study and treatment of disease. Medical knowledge is gained and applied by the same methods as in other departments of science, and the recognition of systems of practice which are committed to any exclusive dogma, or whose adherents assume designations implying the adoption of special modes of treatment, is inconsistent with the pursuit of medicine as a science, and with the honest and honorable practice of our art.

THE LINTON DISTRICT MEDICAL SOCIETY AND THE NEW YORK CODE.—At the annual meeting of the Linton District Medical Society, held at Mexico, Mo., May 2 and 3, 1882, the following resolutions were adopted:

Whereas, We have learned, with pain and humiliation, that the State Medical Society of New York, at its last meeting, greatly modified and changed the time-honored Code of the American Medical Association, by which it had been governed in the past, therefore be it

Resolved, That we, the members of the Linton District Medical Society, do most emphatically condemn and denounce the action of the New York State Medical Society, when it teaches that consultations may be held with all medical practitioners legally qualified, irrespective of the so-called schools.

Resolved, That we consider the action of said Society as highly revolutionary, and dangerous to regular medicine, and would therefore earnestly protest against the proposed innovation.

WHAT IS SAID OF THE NEW YORK CODE OF ETHICS.

Philadelphia, Boston, and Detroit unite with the smaller towns of the West and South, with few exceptions, in opposition. New York stands almost alone, and possibly New York City, for there is no doubt that a portion of the State will coincide with the general opinion.—*The Medical Annals* (the Journal of the Medical Society of the County of Albany, N. Y.).

We wonder how long it will be before the members of the New York Medical Society find out that the rest of the profession scattered among the fifty odd millions of people of these United States outside of New York and Brooklyn, will not be led or driven into any humiliating position, simply because the members of the New York Medical Society want to lead or drive them. —*The Detroit Lancet.*

There are some consulting practitioners who are naturally anxious to enlarge the area of their field, and to multiply the sources of their supply. These should remember, that all who now send (three-fourths of) their business to them will utterly and justly repudiate them just so soon as unclean consultations are held with irregular practitioners, even though these be "legally qualified." The medical army will be true to its leaders, but only so long as these are true to their colors.—*Gaillard's Medical Journal.*

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 9 TO MAY 15, 1882.

CLEARY, P. J. A., *Captain and Assistant Surgeon.*—The leave of absence on surgeon's certificate of disability, granted him in S. O., 224, October 4, 1881, from A. G. O., is extended six months, on account of sickness.—*S. O. 107, A. G. O., May 9, 1882.*

HALL, W. R., *Captain and Assistant Surgeon.*—Assigned to duty at Fort Bliss, Texas.—*S. O. 95, Department of the Missouri, May 8, 1882.*

MAJORS C. T. ALEXANDER and J. H. JANEWAY, *Surgeons*, and CAPTAIN R. H. WHITE, *Assistant Surgeon.*—Detailed as members of a board of medical officers to examine into physical qualifications of members of the graduating class, and candidates for admission to Military Academy.—*S. O. 110, A. G. O., May 12, 1882.*

THE MEDICAL NEWS *will be pleased to receive early intelligence of local events of general medical interest, or which it is desirable to bring to the notice of the profession.*

Local papers containing reports or news items should be marked.

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